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By Way of Preface

The purpose of this issue of the *Journal* is to present to our readers, all at one time, the full text of most of the addresses and official reports given at the recent Biennial Meeting of the Canadian Nurses Association. In the August number you will find the "news story", written at top speed and under the shadow of the "deadline", but recapturing a measure of the atmosphere and colour of a memorable occasion. In the same number will be found Miss Ruby M. Simpson's presidential address —"Thirty Years of Growth"—as well as the Mary Agnes Snively Oration which she delivered when the award of the Medals was made. There is also the report of the Executive Secretary of the Canadian Nurses Association. Turn to all these again and review them be-before tackling the *Journal* which is now before you. You will find that they make a rich background against which the content of this special Convention Number will appear in its proper relationship and its true perspective.

Never before has any Biennial Meeting been fully reported in two single issues. The fixed size of the *Journal* made it impossible to do so, and the only alternative was to spread publication of the various addresses over several months. While this plan worked reasonably well, certain values were lost, such as the memory of the personalities of the various speakers and the reaction of the audience to them—details unimportant in themselves and yet full of life and meaning.

Take just a glance at the titles of the articles in this *Journal*. First we come to what may be termed its keynote—"Nursing, a Profession and a Service" —an address given by the President of the International Council of Nurses, Miss Effie J. Taylor. Here we are set free from the bonds of national rivalries and jealousies and take our place with our sister nurses the world over. Then comes "The Future of Nursing." No one could ever forget Dr. Atlee's analysis, none the less searching because it

was both witty and provocative. He puts squarely before us the price we must pay if we are to become a profession in the true sense of the word. Now we come to an address which has social and economic implications which far transcend our own special field. "Educating the Masses" looks to a new horizon toward which Dr. Coady and his colleagues at St. Francis Xavier University eagerly press forward. In "Antigonish Re-Visited" Miss Jean E. Browne gives a vivid picture, sketched from life, of this amazing experiment in adult education.

Next in order comes a remarkable series of addresses, all devoted to a single theme—the Curriculum. Before reading it, review the report (p. 529) of the convener of the National Curriculum Committee, Miss Marion Lindeburgh. You will find between the lines that fine spirit and tolerant understanding which have made for willing acceptance of its principles. Now look at the articles themselves: "The Philosophy of the Curriculum", "Administration in Schools of Nursing", "Theory and Practice", "Public Health in Schools of Nursing", "The Curriculum in Action". They fit into one another, they amplify one another. Best of all, they challenge one another. No pious hopes here, and no windy idealism either. Indeed there is something much better: a clear conception of where nursing education now stands and of the uphill road it must follow if the Curriculum is to be accepted as its guide.

A healthy sign that our feet are on the ground was that extremely interesting session devoted to economic security for nurses. Those who are familiar with the European scene admit that nurses on that continent are usually more provident than we are. Their attitude toward retirement is eminently sane and practical because, as Miss Ellis points out, they have made provision and have no need to fear the weight of the years. It would not of course be possible to put similar pension schemes into operation in Canada without careful analysis of what they entail and the Executive-Secretary of the Canadian Nurses Association, Miss Jean S. Wilson, presents a closely reasoned summary of the implications which are involved—Mr. Nairn and Mr. Mercier gave most convincing evidence of what may be done through regular governmental and life insurance pension plans. This group of papers would form an admirable nucleus for a round table discussion at an alumnae meeting. There would be less need of precariously financed and inadequate "benefit funds" if more of us signed on the dotted line in the days of our youth.

Now we arrive at that section of the *Journal* known as *Notes from the National Office*. Under this official caption you will find a number of reports which, taken together, give a lively summary of every project in which the Canadian Nurses Association is engaged. Official delegates, whose duty it is to report the Biennial Meeting for their respective organizations, should not neglect these pages. They give a clear picture of our national Association and are in themselves convincing proof of its vitality and of its usefulness to the nurses of Canada.

E. J.

Nursing, a Profession and a Service

EFFIE J. TAYLOR

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I have looked forward for many years to the opportunity which you have given me to meet with you at one of your national meetings. Although my professional education was received in our adjoining country across the border, I was born and reared in Canada, and my heart is bound by strong and intimate ties to my native land. Therefore, it gives me great happiness to come home again and meet with you, my kinswomen, on this delightful occasion to exchange ideas and to offer you my most affectionate greetings.

I also bring you felicitations from the American Nurses Association and assure you of our deep personal regard and loyal fellowship. As nurses we know no country, race or creed, for we are servants of humanity, and our field of service is as broad as the universe and we are one in our objectives. This fact was given emphasis to me a short time ago when the National Director of the American Red Cross Nursing Service was addressing a group of young graduates on the worthwhileness of enrolling as Red Cross Nurses. She said that frequently nurses declined to join the Red Cross for the reason that they were pacifists and would not be willing to take sides and go to war. She explained to them that nurses never go to war. They are sometimes called where war exists to bring help and comfort to its victims, but neither the colour, thereligion, the nationality of the patient nor yet the controversy between nations hold real significance in the service of the Red Cross nurse. To her these differences are lost in the needs of the suffering men to whom, because of knowledge and skill, she can minister and bring help and relief in great emergency. Such is the soul and the motivating force of nursing, and it binds us closer than family ties or national relationships.

At the Matriculation Service of Yale University the new President, Mr. Seymour, read as his lesson the twenty-eighth chapter of the Book of Job, and he took as his topic, "The Spirit of Reverence in Politics". As I listened to a masterly interpretation of the meaning of reverence, I thought of the need for a revival of the spirit of reverence in our search for a solution to the perplexities of nursing. May I read a part of the same chapter and take as my text the first verse:

But where shall wisdom be found? and where is the place of understanding? Man knoweth not the price thereof; neither is it found in the land of the living. It cannot be gotten for gold, neither shall silver be weighed for the price thereof. Whence then cometh wisdom? and where is the place of understanding?

God understandeth the way thereof, and he knoweth the place thereof. For He looketh to the ends of the earth, and seeth under the whole heaven; and unto man he said, Behold, the fear of the Lord, that is wisdom; and to depart from evil is understanding.

Said Mr. Seymour:

"For lack of the spirit of reverence as applied to politics, Europe has been passing through the most dangerous crisis since the World War, a crisis that has resulted from stubborn refusal of this group or that to recognize the higher law of European secur-

ity as superior to the immediate and illusory interests of this individual or that nation.

Today there has been a blind disregard of the essential lesson of the past, which teaches that the salvation of each depends ultimately upon the salvation of all. A truculent insistence upon so-called national rights regardless of international duties is political retrogression that unless corrected will spell disaster."

It will not be necessary for me to point out the bearing these statements have on our own professional world. Living as we do in an active, turbulent society, where democracy, too often, is interpreted as every man for himself and no restrictions on speech or actions, the spirit of uneasiness, dissatisfaction, and striving has wormed its way into the heart of our professional life. This point of view has diverted much of our thinking into channels where the habit of regarding oneself as the center of everything dominates the entire personality, if we may speak of personality in nursing. The spirit of reverence for our professional service is blunted and conditioned by our fears and anxieties lest we may not as individual members of small organizations, or as a great body of national professional women, be given the recognition that we in our egoism believe is due us from the other struggling and striving members of society. If the world is chaotic and wanting in spiritual outlook, in like manner so are we, as we grasp and cling to the enticing obvious and material qualities at the expense of values less tangible but in reality more satisfying and lasting. And therefore we ask: *But where shall wisdom be found and where is the place of understanding?*

Wisdom to deal with the problems of life with national, state, community and personal entanglements cannot be found in you or in me alone. Our experience is limited and restricted. Our expression is inhibited by our personal frailties, our thwarted judgments, and by our short-range vision. But the text tells us:

God understandeth the way thereof, and He knoweth the place thereof. For He looketh to the ends of the earth and seeth under the whole heaven.

At no time in the history of nursing have we been face to face with the settlement of so many harassing and perplexing problems, many of which deal with traditions, others with principles which call for justification, while yet others clamour for acceptance. The inconsistence in the demands of life and society make adjustments extremely difficult. A stimulating and dominating urge to work through our professional organizations for improvement in the standards of nursing is met by innumerable obstacles for which too often we are entirely unprepared.

During the past eighteen years our profession has undergone a complete change. The war played havoc with nursing, as it did with other professions. We have been shifting and restless in our policies and in our activities since the great army of nurses were returned from overseas. An unexplainable something then happened to nursing from which we have not yet recovered, in spite of the studies undertaken by our several organizations and under private auspices to find the way to security and stability.

In considering the unifying and integrating function of our National and International professional organizations our need for wisdom and understanding comes vividly to mind. The nursing profession is not alone and peculiar in its chaos and confusion. Its problems are inherent in the conflicts of the world. Individual, political, religious, educational, and even family relationships are at war with each other, each striving for independence, expression, and economic security.

How can problems be solved while the sense of values of nations, states, and communities have no comparable basis of measurement? Each individual as a person and as a member of a family is seeking his own satisfaction without consideration for others. Each community, state and nation is bending every effort to forward its own interests and prestige. The ideal embodied in the brotherhood of man seems entirely forgotten as nations vie with each other in their desire for power. Is it not conceivable that professions may suffer from the infirmities of professionalism?

The fundamental reason for which the profession of nursing exists perchance may be submerged in its endeavour to secure independence from other professions, to wield its authority, and to demonstrate its own importance. Hospitals likewise are loath to relinquish a controlling authority over nursing, gained through other traditional relationships.

The hospital, the medical profession, and the profession of nursing have one major objective. These groups must work in collaboration; each must make its own contribution and cannot, with justice, enhance the prestige of one to the disadvantage of the others. The service which each contributes to the care of the sick, to the prevention of disease, and to the education of both men and women in preparation for professional service cannot be compared or evaluated on competitive lines. Each profession and welfare institution has its own part to play and its place to fill, and the hospital must share its facilities for service and for education. The blending of functions thus well performed will make the service to patients complete.

The kind and quality of nursing service is of primary importance. Professional nursing education is of value in so far as it is the means of providing knowledge and skill which will assure to the sick the best possible service which nurses can render. Such knowledge and skill should not be limited, however, to the needs of the patient in bed and to the cure of disease. It must be enlarged to include the control of disease and its prevention. Knowledge concerned with the social and biological sciences is unlimited in its scope. As far as students are able to use the experience of the past and add through their own study and research new concepts in any of the fields associated with nursing they should be encouraged and given available opportunities. There is no truth in the statement that a nurse can learn too much. If wisely used, knowledge is never wasted.

For the reason that service to those who are sick is our primary function, it is incumbent upon organized nursing to endeavour to find the answer to conflicting situations not only for the advancement of professional ends but, more important than these, for the service we as professional women are pledged to contribute.

There is great instability in the world's demands for nursing care. What will satisfy the requirements today will not fill the urgency of tomorrow. It is in this particular that perplexing problems lie. There is nothing static in sickness needs. The difficulties are incredibly augmented by the fact that as the incidence of sickness increases the economic security of the individual, the family and the community, decreases in proportion. The needs for the services of nurses, on the other hand, are greatly multiplied. The increased responsibility placed upon them, upon the hospital, and often upon the medical profession bears a direct relationship to the adequacy or inadequacy with which they are able to meet the intensified needs.

Due to the variation in the economic status of families and provisions for hous-

ing, particularly in cities and large industrial centers, people in time of illness turn more than ever for refuge to hospitals. In consequence, the majority of general hospitals in the United States, and I expect the same condition prevails in Canada, have a higher percentage of occupancy than was the case a few years ago and they require a greatly augmented staff of nurses for the bedside care of the sick. But probably due to blind adherence to traditions and a short-range vision in planning for future emergencies, nurses do not appear to be available to meet the critical situation in which many hospitals find themselves today.

It is not difficult to comprehend that as diverse groups, within the nations of the world, we are in conflict. It is also comprehendable that no group, professional or otherwise, can bring about a lasting solution to collective or mutual problems without the collaboration and co-operation of each of the others. We can in consequence accept the premise that the placement of too great emphasis upon the intrinsic rights of professionalism is inherently fallacious. Perchance we have seen ourselves as professionally too important. We may have placed too great an emphasis also upon what is due us personally rather than upon the quality of our service.

The issues today with which we are professionally concerned must be viewed without bias and prejudice by nurses, by all others engaged in the care of the sick, and likewise by the people who themselves need the service which nurses can give. Satisfactory conclusions and solutions to many of our controversial questions will never be reached until we separate, one from the other, the conflicting factors bound up in education for students and service to the sick and seek to find a way by which the various knots may be untangled.

As previously inferred, there are co-operative functions to perform, but there are also highly specialized functions for the hospitals, the medical profession, and for the community to perform. Apart from these, there are vital questions for which the profession of nursing must find pertinent and adequate solutions. These questions are largely concerned with the education of students for the practice of nursing, the conditions and standards under which this education can best be accomplished and the right of the individual student to obtain the kind of preparation for the work the people of the world are asking her to perform.

Nursing, like medicine, is a universal service and one upon which in a large measure the health and happiness of people throughout the world must depend. To sacrifice the preparation of qualified students on the basis of other economic needs is short-sighted in the extreme. In seeking to find the best means of approach to the education of nurses, the educational systems of our countries must not be ignored. We need the experience and judgment of men and women whose primary interest is professional education, and hospitals, like universities, need the advice of authorities if they undertake responsibility for the maintenance of schools.

We are probably in accord with the principles that the educational methods used in dealing with young people of the present generation cannot conform with those followed fifteen or twenty years ago. The background and experience of the youth of today is different because they are living in a world which has materially changed in its outlook, if not in truth in its ideals. I am of the opinion, however, that ideals and principles for nursing have not been radically modified and that students, in the main, who enter schools today respond to the concept

of service when it is interpreted to them. Students are different from those of twenty years ago in that they insist on their right to question. The present generation is not satisfied to follow a path because it has been previously traveled by others.

In enunciating the University's obligation to pledge itself to intellectual freedom, the president of an American university said:

> Let us not deceive ourselves. It is not so difficult to achieve intellectual freedom in those fields of study that are somewhat remote from the prejudices and passions of daily life. But in the fields that touch our social, political, and economic relationships, *the principle is much easier to enunciate than to maintain.*

As I listened, my thought reverted to our own profession and to the traditional inhibitions which have always been placed upon us as faculty and as students. The fact that our students do not enjoy all the privileges for freedom of expression enjoyed by many in other fields of adult education is not entirely due to differences of opinion as to the value of such a method of learning. The restrictions placed upon students and faculties as well are without question due to our social, personal and economic relationships to people in everyday life. The emphasis which the public places upon our adherence to certain conventional standards is in the main the by-product of ritual and tradition associated with the militaristic system upon which the early schools of nursing were founded. The freedom of which college presidents speak has a somewhat different connotation. But the underlying principles in nursing education are not so different, and it is timely to emphasize the importance of greater freedom and the removal of certain restrictions which, during the past half century, have been placed upon schools of nursing.

We have taken a glance at problems with which we are all familiar. Answers will not be found immediately. The rebuilding of a structure pierced with holes cannot be achieved in a day. While nursing is as old as man, modern nursing dates back professionally to 1863. It has had its ups and downs during the last three quarters of a century, and some of us who know at least a quarter of that period wonder often if the down periods were not in the majority. When we have courage to look beyond our immediate contingencies we know that such is not the reality. Modern nursing today is known in countries throughout the whole world, and as representatives of 32 nations, gathered together in London at the greatest International Congress ever held in the history of nursing, we lifted up our hearts in thankfulness for the opportunities God had given us to serve in His vineyard. The spirit of true nursing pervaded our midst and we were deeply conscious of the human ties which united us as we listened to stories of struggle and achievement by our colleagues from many different countries.

While high standards of education and the building of professional ideals were constantly kept before the Congress, of the true objective of nursing we did not lose sight. The need for a revival of the spiritual aspects of nursing was stressed by many speakers, and we parted with a deep conviction that in the attainment of our many similar aims and the solution of our problems we must seek more consistently for the spirit of wisdom and of understanding also.

As professional nurses we are deeply concerned with the future of nursing, and we would wish, if it were possible, to mold it to our ideals. But your ideals and mine will differ to the extent to which our experience has differed and in as far as our vision is clear and unclouded

or blinded by the limitations of our personal frailties. It behooves us therefore to make certain that the structure we attempt to erect is built upon a foundation to weather the tides of adversity and prosperity associated with the ever-changing social regimes in every country of the world.

Nursing provides for a fundamental need in man, and so long as such need exists nursing in its essential elements must remain. It has traveled over tortuous ways from the days when the mother cared for her family in the home without the aid of science or instruction, when she depended upon her love, her maternal intuition, and her experience, up to the present day when it has become a skilled art and one of the greatest professions for women.

Because of its natural functions, nursing in some form or other must exist until disease in all of its hideous aspects has been conquered; until positive health is the heritage of our race; and until wars and rumours of wars shall cease. It will be an essential need for man's protection until the waves and the other elements of nature have been controlled and the devastating ravages of time, of flood, and of disaster have been overcome, and until a new and different civilization has been born.

The form which nursing will take in the future, the progress which it will make, and the conditions under which it will function will vary to conform with progress in other fields of education, in industry, in government, and with the need for the kind of service which, with medicine, nursing can extend to the people of the world. Although we on this American continent can only prophesy, we have a wealth of history to guide us and a vision born out of experience mutually shared by almost every other country. To quote from Finley's "The Mystery of the Mind's Desire": *To be seeing the world made new every morning, as if it were the morning of the first day, and then to make the most of it for the individual soul as if each were the last day is the daily curriculum of the mind's desire. We should not only be enjoying this new universe in our maturity but we should be educating our children into it, that they may inherit the new heaven and the new earth.*

If we accept in general the idea that "education is the process by which the individual relates himself to this universe, gives himself citizenship in the world, shares the race's mind and enfranchises his own soul", might we not adapt this same developing process to nursing in its many relationships? We might conceive of a daily curriculum through which to select and pass on to the student nurse a content of knowledge to relate her to the environment in which she lives and works, to provide her with tools by which to attain her professional heritage and free her own personality in order that her mental attitude toward nature, man and God may be unbiased and unhampered in its search to satisfy the mystery of the mind's desire.

The Future of Nursing

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It has become a commonplace to say of a nation or an organization that it stands at the crossroads, but I feel there is some justification for making such a statement with regard to your profession. Certainly, if the factors leading up to the formation of the Weir and Curriculum Committees mean anything, they mean that at least your leaders are dissatisfied with the present status and look for something better.

I think they have cause to be dissatisfied. In surveying the broad field of medical endeavour that includes the work of doctors, dentists, nurses, hospitals and health departments, it seems to me that your profession has not only been kept in a very subordinate position, but that you suffer from an unhappy awareness of inferiority. Why, I have asked myself, has the importance of the work you are doing not received the recognition it merits? Why is your advice and counsel as a group not sought by hospital managements? Why are you not asked to play a part in moulding the policy of medical care that pertains to the organizations in which you work? Why, surrounded by almost barrackroom restrictions, must you submit to a discipline more severe and unquestioning than is expected of any other profession? Why are you more or less exploited as cheap labour?

Perhaps there is no single answer to these questions. Undoubtedly the conditions out of which your profession took origin still shackle you. The tremendous advances which my profession has made have tended to overshadow your contributions. The fact that you are women working in a masculine world militates against you, as does the fact that a marriage within your ranks may at any time make an end to a promising career. But I think if you could boil all the answers down they would come pretty close to the single word, *prestige*.

It seems to me, then, that if your profession is to inherit the place in the medical sun that it deserves it must somehow enhance its prestige. I mean that, faced by the alternatives of either struggling for improvement within your present limitations (as seems to be the ideal of the Weir and Curriculum Committees) or setting yourselves a new goal, I believe you must choose the latter.

What do I mean by setting yourselves a new goal? I suppose the simplest way of answering that question would be to say that you should become more professionalized. The statement requires expansion. As I see it, a profession is a group of trained workers which has within itself the capacity for making a more and more specialized contribution to human welfare. At first sight you might say that this definition covers all groups of workers. It doesn't. And the difference lies in the fact that whereas most groups of workers have their world created for them, the professional worker creates his own world. The worker in a shoe factory is given a shoe to make, of which the pattern is very clearly laid down. But the doctor is given a sick body to deal with and in the handling of that problem he creates a whole new world of anatomy, physiology, physical and mental therapy, and prevention.

On the basis of that definition I do not think it can be truly said that nurs-

ing is yet a real profession. Too much of the pattern you follow has been imposed on you from without—from my own profession, for instance—and not enough is created within yours. So the goal I would like to see you set yourselves is one towards which you will move more and more through your own initiative and resource.

It would be presumption on my part to try to point the detailed path by which you could move to such an end, but there are one or two considerations I would like to bring forward as potential avenues. Let me say that they are not the only ones, and that my particular choice of them is based on purely personal grounds: they happen to be avenues that interest me. I believe that there are many worlds you can create within your profession of which today we have only the faintest intimation, worlds that will present themselves however, only when you have developed the capacity to create them.

Before touching them I am going to say that I think you must sooner or later decide on a divorce within your ranks. I think that, as science has had to separate into scientific workers and technicians, so you will have to separate into nurses, and shall we say nursing attendants. Let me make myself clear on what I mean by a nursing attendant. I do not mean a ward helper, a superior type of maid, but rather a nurse technician, a less professionalized type of nurse. A great deal of the routine of nursing, a great deal, for instance, of private duty nursing, might well be undertaken by such nursing attendants whose educational background and technical training need not approach the professional standard I propose to outline. This would have the double advantage of lessening the cost of nursing to the public, and of setting you free to pursue the real goal of professionalism.

Having said that, let me go on to potential worlds. I am going to start with that most vital integer, the charge nurse. No nurse occupies so important and responsible a position in our hospitals, large and small. She must be a good executive and a first-rate dietician. She must have the tact, character and understanding to handle all varieties of sick personalities. She must have sufficient capacity as a teacher to instruct not only junior nurses but medical students. She must be guide, counsellor and friend to the lordly interne. I propose, therefore, to let her represent that group of your profession which has to do with purely bedside nursing.

What special preparation does the charge nurse undergo at present to fit her for so highly professionalized a position? Practically none. She has taken the ordinary course of training that all nurses take, but I doubt if many charge nurses in Canada have even the qualifications suggested so diffidently by your Curriculum Committee. She is chosen from the rest, not because she is better prepared for it, but because hospital managements have decided that she shows the sort of human qualities necessary to it. I do not believe that this is enough even for our present needs, but it is hopelessly inadequate if she is to play any part in creating a new nursing world, if she is to become the sort of charge nurse I have in mind.

Let me very sketchily outline this future charge nurse. For one thing she will have a great deal more to do than at present with the psychology of the patients under her care. As medical workers we are still obsessed with the physical basis of disease, and all our efforts are bent towards removing those purely physical causes. We forget that no person is sick in body alone, but that wherever disease has gained a real foothold the mind, as well as the body, re-

quires therapy. Nor do we take into sufficient account that the average patient enters hospital in a state of profound fear, and that these two factors have greatly undermined his or her personality. This is particularly true of surgical patients, and as a result a large percentage of these, despite the removal of their physical pathology, do not make the rapid recovery they should. I am convinced that until doctors and nurses realize that there is no such thing as sickness of the body without sickness of the mind, until we prepare ourselves to nurse the mind as effectively as we nurse the body, we will continue to strew the community with surgical relics, who will go seeking relief through all the other quackeries.

But no matter how *our* insight improves, the real burden of handling the mental side of disease in hospitals will fall largely on the charge nurse. Admitting that some nurses seem instinctively to handle their patients in the proper psychological way, they do so not because of insight but because they happen to be built that way. I believe that the charge nurse of the future will be a definitely trained psychiatrist as well as a nurse, and that in psychiatry she will be able to create a very important part of her new world.

But at the same time she will be much more comprehensively trained in the physical side of disease than she now is, and have undergone a much more searching scientific discipline. In fact, I believe that the basic education should not only come within striking distance of that of the average medical student, but that in some respects her clinical education should go further than his. This may sound radical, but I present the following reasons for advocating it.

One of her principal duties in hospitals with nursing schools attached is the training of junior nurses. While the undergraduate may get her theory and demonstration in classroom and laboratory, it is the charge nurse who really initiates her into the application of all this. My impression of her today is that she does not have sufficiently more background than the nurse she is training to be a really effective teacher. Nor do I think she is given sufficient teaching to do. At the present time nursing lectures in such subjects as medicine, surgery and obstetrics are practically always given by members of my profession. With the result that the nurse learns these subjects not from a nursing but from a medical angle. The future charge nurse I visualize will have a sufficiently profound knowledge of these subjects to be able to teach at least part of them herself.

In medical centres she has also to deal with medical students. At the present time our medical schools do not include instruction in nursing technique in their curricula, with the result that many graduates go into practice with a very sketchy experience of female catheterization, enema-giving, and the moving of very sick or badly injured patients—to mention only a few. The day must surely come when these will form part of a medical student's training, and the duty of instruction will fall logically on the charge nurse. But an experienced charge nurse can teach even an interne a great deal of value. I recall my own experience in two London hospitals. In one I learned more of post-operative care from a single ward sister than from all the surgeons I ever sat under. At another a Labour Ward sister gave me my first real insight into normal labor. But I got this, not because it was a recognized part of my training—as it should have been—but because I happened to have sense enough to see that these women knew things I ought to learn.

More than this, I believe that the status of the future charge nurse in relation to the interne will undergo a change, to the extent that she need no longer remain silent and uncritical before interne behaviour which she knows to be wrong. She will not only be permitted to question any order she receives from an interne, but to criticize mistakes in his techniques and in general stand in the *locus* of a teacher to him. Let me illustrate the absurdity of the present situation. A fresh undergraduate interne comes on my service every three months, but the charge nurses on my service have been there for years. A great many of the techniques used on my service have been worked out in consultation with these nurses: in many cases they have been greatly amended on their advice—yet they must not only stand by and take orders from an interne with regard to them, but hold their whisht when the interne mistakenly applies them.

The charge nurse of the future will take a vital part in hospital conferences, and her opinions be asked for and her advice taken on matters of medical care and hospital management. In every hospital living up to the standards of this continent we have medical staff conferences. At these meetings matters touching the medical care of patients and hospital procedure are discussed. But you rarely see a nurse at such gatherings, and if you do see her she is a spectator rather than a participant. This may not strike you as absurd, but it strikes me as highly so. How can the medical care of patients be intelligently discussed when those taking part in the discussion only see the patients for relatively short periods daily, while those who look after them all day are excluded? How can matters touching hospital procedure be effectively mulled over when the executives who carry out nine-tenths of hospital procedure are absent? This seems as imperfect a system as married life would be if the husband made all the decisions and outlined all the policies with regard to the running of the home and the raising of the children without consultation with his wife.

On the other hand how many hospitals have nursing conferences, at which not only purely nursing problems but the actual relationship of nursing staff to management are discussed? One of the great values of the staff conference is that it gives my profession the opportunity to air grievances and make recommendations for their amelioration. I believe that such nursing conferences are long overdue, and that they would tend to mitigate the more or less dictatorial regime under which you work in hospital. Too many of the regulations which hem you in are imposed on you by your own superiors, and not as a result of your own free decision. My profession, on the contrary, itself lays down its regulations, and every individual has the democratic right to call such regulations into question at any time. This is not so with you. You have practically no recourse from the decisions of your own superiors. That is what I mean by saying that you live under a nursing dictatorship. Now all dictatorships are bad, since they allow no freedom to individual opinion and so degrade the human spirit. Already in Europe we see evidence of the moral deterioration that has resulted from them. So that when I say the charge nurse of the future must take part in Nursing Conferences, I have this as much as anything else in mind: that the human spirit cannot create new worlds when it is not free, and that no real progress can come out of the uncritical obedience, the fear and timidity of the slave mentality. But if the charge nurse of the future is to hold her own in a combined hospital confer-

ence, if she is to make any real contribution to purely nursing conferences, she will require a sufficiently profound scientific and clinical background to ensure respect for her opinions.

In the fifteen years during which I have been associated with the Victoria General Hospital I have seen six new hospitals spring up in the smaller towns of Nova Scotia, and a seventh is almost completed. The indications are that this tendency will not stop until every town in the province has a hospital. But because a great many of these hospitals are unable to employ internes, such important procedures as intravenouses, matching for blood transfusions, blood-sugar estimations and many other useful techniques are not being carried out to the extent that they might be. The busy practitioner attending on such hospitals has not even time to write effective histories. It seems to me that such hospitals are crying out for the services of just such a charge nurse as I am outlining to handle this sort of life-saving interne work, and I believe that here is another legitimate new world that the charge nurse might create.

And finally I see no reason why the charge nurse of the future should not carry out nursing research. If my profession is given facilities for this purpose, why should yours be denied them? The only rational basis of denial would be that there is no longer room for improvement in nursing—which is ridiculous. If a nurse is dissatisfied with an old technique. or sees the way to a new one, why shouldn't she be permitted the necessary research? Why shouldn't she actually be encouraged, and her results given the same consideration that other medical investigation obtains? I have heard all the arguments against this, but every one of them is built of straw.

But let us leave the charge nurse and turn to the public health nurse of the future. So far we have touched only the fringe of preventive medicine and our ignorance is tremendous. But I believe the time is rapidly approaching when we will begin to put much more effort into prevention than we now put into cure. In this vital arena none should play a more important part than the public health nurse: here, as nowhere in the whole realm of nursing, are brave new worlds awaiting her creation. I see the day when health will be considered as important as the three R's, and be taught even more intelligently. But when I say health I do not mean the sort of inoculation-teeth-tonsils-weight sort of thing that is undertaken at present: I mean something dynamic, something aimed at the building up of physique, the sort of physique that will not only be resistant to infection, but to many of those degenerative diseases that characterize our generation.

And I mean mental health as well. We know that mental ill-health is increasing more rapidly than any other type of disease, overcrowding our hospitals and prisons and actually threatening our civilization. In more ways than one we live in a neurotic world. Everywhere we have the backward, thwarted child, the undernourished and ill-treated child, the over-pampered and spoiled child, who is growing up with neurotic and asocial tendencies, to its own destruction and the destruction of much that is best in our culture. You have only to turn to Europe to see what happens when millions of such children grow up—or perhaps I had better say, fail to grow up.

If we are to overcome this increasing tendency towards mental ill-health and mal-adjustment we must do a great deal more than we are doing: in fact, we must in a very real sense reorientate our entire outlook on the problem. We must not only start with the child in its earliest

years, we must go behind the child and work on parents and relatives who, all too often, are the cause of mental maladjustment. We must even get to work on society itself. To wait until the child has come to school is to wait too long, not only for the production of healthy minds, but for the production of healthy bodies.

Here, it seems to me, is work for which women are peculiarly fitted: but it is a field so overgrown with the rank vegetation of ignorance and prejudice that only the highest trained research workers can make any real progress through it. To cope with it the public health nurse of the future, like the charge nurse of the future, will have to undergo a much more comprehensive education than she now does.

And this brings me to the last of the potential new worlds I propose to discuss, another for the creation and organization of which women are peculiarly fitted. If childbearing is to become again a natural process I believe that women herself must make it so. The more I think about it the more I am convinced that our entire attitude towards the vital matter of childbirth is wrong. We consider it necessary for a nurse to train three years before permitting her to practice, we insist on a doctor training no less than seven—but we permit women to have babies without any preparation or training whatsoever. Yet which is the more important to the human race, the repairing of broken down bodies, or the creation of new ones? As a result of this stupid neglect childbearing has become a pathological process to which, with some justification, the average woman looks forward with dread. If we are to alter this situation women must be trained for childbirth with even more care than we train horses for the racetrack or pugilists for the ring. It is training that must start in the earliest years, before rickets and other manifestations of malnutrition have made their appearance. It must continue into adult life to the end that women will embark on pregnancy fully prepared in mind and body to produce efficiently the new race. I am convinced that only through such a conception can we finally bring about a real lowering in maternal and infant mortality, and make an end to the damage that childbirth leaves on so many women's bodies and minds.

But such a training implies a professional group who shall act as trainers and, if I am right in suggesting that this should be a woman's work, it falls logically into the new worlds that your profession might create. But if you go so far, why not go farther and embrace within this field the entire conduct of pregnancy and labor? That may sound revolutionary, but the fact is that my profession is an interloper into obstetrics. Until a few hundred years ago all labor was conducted by women, in some countries it still is, and we came into the field largely because of disabilities under which your sex worked, which did not permit you the freedom and education to properly develop the possibilities.

There is a good deal to be said for the contention that you should take it back from us again. Not only have you as women a more vital stake in obstetrics, but we men have not the requisite patience for it. Because we are impatient we have taught ourselves to interfere too readily with natural processes. As a result we have surrounded what should be a physiological process with all the panoply of pathology. In effect, the pregnant woman has a tumour which we must remove, and because of that conception too much of the ritual and practice of surgery have entered into obstetrics.

Furthermore, in those countries

where the lowest maternal mortality rate attends childbirth, the vast majority of labours are conducted by nurse midwives. Some European obstetricians believe that their low death rates are due to this fact. At any rate it seems to point a straw in the wind at which your profession might well snatch. I think you will agree that it is a field which opens enormous possibilities not only for professionalism but for prestige.

I have hinted throughout this talk that you will find it impossible to create these brave new worlds with your present educational equipment. I want to drive that nail a little further home. The type of charge nurse, public health nurse, maternity trainer-midwife I have all too vaguely outlined must possess a very comprehensive cultural and scientific background, and I have searched in vain through the proposals of your Curriculum Committee for anything like an approach to it. If there is anything hinting towards it it is the work of Miss Russell at Toronto, but so far as my knowledge goes, it only hints.

For one thing you will have to get away from the type of training school you now have which, while it may be able to produce the sort of nursing attendant I have suggested, will be quite inadequate for the future nurse I am envisioning. The nursing school of the future will have to be as definite a faculty within a university as medicine or law now are. Only there can you get the cultural and scientific background required, and come in touch with the research ideal that will stimulate you to creative effort. If you are to become the coadjutors, rather than the servants of my profession, you will have to undergo an educational discipline which, however it differs in kind from ours, will not differ from it in quality, and be as firmly based on science. In that case, you might ask, why not go the whole way and become doctors? That would absolutely destroy the ideal I have in mind. There are enough doctors: what we need is more nurses of the type I have outlined. There is surely within the broad field of medical endeavour ample room for the two professional spheres, in the same way that there was room for engineers and architects within the broad field of engineering. It is my urging that you make for yourselves within medicine the same sort of world that architects have made within engineering.

If it seems fantastic to you that you should undertake research with the same intensity that my profession does, it does not seem so to me. In fact, as I see it, this lack on your part, by forcing you into the situation where you must accept so much new truth from my profession, has been the most important single factor in preventing you from becoming a truly professional group. And whether it sounds Utopian or not the fact remains that you cannot achieve a prestige comparable to ours unless you develop through research the capacity *within yourselves* to create your own new worlds.

I do not believe that you will find the way easy. In fact, sad personal experience convinces me that you will meet not only antagonisms from without, but indifference within your own ranks. We happen to have in this city five nursing schools, none of which is any better than it should be. Recently, we tried to weld them into one modern school which would become a faculty of Dalhousie University. Not only was our scheme turned down by hospital managements, but it evoked very little enthusiasm within your own profession.

No, it won't be easy. Hospital managements and health departments will resist the inevitability of higher pay for greater services rendered: I and my confrères will maintain stoutly our right to

the sole overlordship of the medical world: even in your own hierarchy barriers will be raised against a movement which will menace the bullying tactics of the past. But for comfort I leave you this: it is an historical fact that, in preparing himself for a better future, mankind has invariably created that future.

AN OUTSTANDING SUCCESS

From *The Winnipeg Free Press* we quote this admirable account of the Summer School sponsored by the Manitoba Association of Registered Nurses in conjunction with the University of Manitoba:

Opening its doors of learning for the first time in its history to members of the nursing profession, the University of Manitoba has this summer 109 registered nurses attending a six-weeks post-graduate course. There are nurses from institutions, hospitals, public health and district nursing stations; from far off Formosa and from Korea; there are Salvation Army nurses; there are nuns, in sombre black and others in darkest brown, sweet-faced women whose chosen work in life is the care and healing of the sick. The course sponsored by the Manitoba Association of Registered Nurses and held under the supervision of the university board, is one which gives to each nurse something in her own special field of work.

In one class no less than 70 supervisors of hospitals were gathered, while in another a large group was studying the problems of public health and district nursing. The Summer School, mooted some time ago by the M.A.R.N., and now finally achieved, expected to include some 50 nurses. Its success is well demonstrated by the hundred nurses who are sitting at desks, or in the lab, with notebooks and pencils, brushing up on their work, and learning the newest methods and the best ways of passing on information to the new nurses to come.

There are nurses from Manitoba, Saskatchewan, Alberta, and Ontario, not to mention two on furlough from the Far East, who are spending six weeks of their holiday studying. Miss Hildur Hermanson, of Formosa, who is superintendent of a school of nursing where groups of 24 native nurses are trained, is a graduate of St. Paul's hospital, Saskatoon, Sask., and went to Formosa under the Presbyterian Women's Missionary society. Miss Beulah Bournes, of Korea, has worked during the last five years along the border of Manchuria and Russia, where she is the only district nurse, and with her group of native helpers, operates 18 clinics monthly.

The curriculum includes mental hygiene, conducted by Dr. J. D. Griffiths, of Toronto; ward teaching and supervision, and principles of health education, given by Miss Marion Lindeburgh, director of the School of Nursing, McGill University. Lectures in preventive medicine were given by Dr. Fred Jackson, deputy minister of health of Manitoba, and several other well known specialists contributed to this course. Miss Elin Anderson was the lecturer on social case work, and Miss Jean Houston, superintendent of nurses, Ninette Sanitarium, and Miss Elizabeth Russell, director of public health nurses, conducted classes. Miss Gertrude Hall, executive secretary of the M.A.RN., directed the course in the absence of Miss Edith McDowell, president of the Association.

Educating the Masses

Rev. M. M. Coady, Ph. D., D.D.
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Abraham Lincoln did the world a service seventy-five years ago when he defined democracy as "the rule of the people, by the people, and for the people." The world would do itself a greater service today by considering the definition rather than merely accepting it. We Canadians are making some progress in that direction. At least, we have discovered that the definition cannot be applied to Canada. Canada is not a democracy. Democracy with us is still a dream, though a dream of course we are yet willing to fight for. There is no rule *by* the people and *for* the people in Canada. There is only a rule *of* the people, the people who are the masses, by the few who form the classes.

What do I mean by the masses? I mean the proletariat, wage workers, that vast body of Canadian men and women whose only contribution to the control of our country is their passive permission to be controlled, whose only influence in determining the economic destiny of this Dominion is that of animals, namely, a willingness to work and their need to be fed, clothed and sheltered. But I do not refer to animals. I speak of Canadian men and women, the masses who do not rule but are misruled. I speak of that vast body of our people, the farmers, miners, fishermen, lumbermen, factory workers and others whose souls are bought for a weekly wage.

That vast body grows, and grows incessantly. Yes, even such a stable industry as agriculture, where fifty years ago widespread private ownership was so common, now yields its quota to the proletarian mass. Tenants and sharecroppers are an accepted fact in the American economy today. Right here in the Province of Nova Scotia the majority of our apple growers, engaged in one of our most important industries, are living on mortgaged farms. And still the number grows. For to the mass is added that other group of dispossessed men and women — the unemployed, those wards of state who, by the terms of Lincoln's definition, were meant to be its masters.

How has such a condition come to pass? The answer is evident to any man or woman who has ever noted the effect of a rotten apple in a barrel of fruit. One rotten idea was tossed into our economic apple barrel and the result is almost total ruin. Men were taught to exploit the discoveries of science for their own individual gain. A better world for all was promised in return. That promise has never been fulfilled. It cannot be. And yet we have continued to teach that rotten idea in our schools and universities. We, who realize the value and absolute necessity of education as a means whereby an intelligent, democratic citizenry is prepared for the difficult task of self-rule, have nevertheless used our educational facilities to foster and perpetuate a false philosophy and an economic system that makes democracy and self-rule an impossibility for the masses of our people.

Education for us has been an escape mechanism. Our fathers and mothers have told us "Go to school, and some day you will be able to escape from the farm. A white collar awaits the brightest scholar. The lad who makes a hundred

today is the man who makes a million tomorrow." That, in effect, is what we have taught our children — to use their education as an escape to the "higher" professions. And we called it civilization. Ladies, and gentlemen, when a few more B.A.'s. M.A.'s, and Ph. D's. have taken off their gowns and pulled on their overalls then we shall have drawn a little closer to civilization. For education is not an escape from toil or the ticket of admission to a box seat in the economic show. Education is a gradual revelation of the secret of happier and more perfect living. And if a man has learned that secret at the university, will it prevent him from growing more perfect potatoes or raising more perfect pigs? If a man or woman has learned to appreciate works of art in college, will he be less an artist for his knowledge, less an enthusiast for his power to appreciate beauty in the fields where he becomes a co-creator of original works of art?

Our whole philosophy of education has been wrong. We have gone from the pagan extreme of knowledge for its own sake to the pragmatic extreme of knowledge for the sake of a dollar. It is time we pursued the middle course of knowledge for the sake of God and of our neighbour. It is time that education should cease to be a propaganda for the perpetuation of the classes and should become an instrument of material, cultural, and spiritual regeneration for the masses. Education must unlock the storehouse of beauty, truth, and goodness for all the people. In this age of technical advancement, and in a country so richly endowed with natural wealth, that is a challenge to be met and accepted. The abundance that is ours must find its way into the lives of the people, all the people, that the people may find their way into the realms of noble achievement and happiness. The two things can be done at one and the same time.

Realizing the neglected potential ability of the average man and woman for noble achievement, and for comprehending something of the unexplored possibilities of humanity in the years to come, we in Antigonish have embarked on a process designed to permit the masses of the people to bring themselves to this abundant life. The masses have failed in the past to reach the abundant life because our educational system has failed in the inspiration and direction of our children. It neither sustained the natural nobility of our youth nor directed its creative talent into the proper channels. Even if it had, there would still be need of a purposeful continuation of the educational activity. For if education is a gradual revelation of the secret to a happier and more perfect living, then as we go on living we must go on learning if we would go on being happier and more perfect. Life and learning must be co-terminous.

But how shall we mobilize the masses? The technique has been found in the discussion circle or study club, where small informal groups of men and women come together regularly to discuss their mutual problems with a view to mutual enlightment and planned group action. These study clubs again unite at regular, though less frequent intervals, in associated study clubs, where community problems are debated and solution sought. Regional conferences bring together representatives from these larger groups and then each year at Antigonish we hold a conference of all the people, rural and industrial, where an attempt is made to tie together the thinking of all the groups, to evolve a programme of action for all the people and to chart a course for another year of progressive study. And because men and women are needed to guide these various groups

A Day's Catch in Nova Scotia
Courtesy of The Canada Starch Company

in their local communities, we conduct a school for leaders each year where special courses in leadership and the techniques of adult education are taken.

How successful this has been may be seen from the fact that over thirty thousand adults in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland have engaged in this adventurous discovery of their own possibilities and have found it so stimulating, so satisfying, that they wish to see the whole of Canada and America similarly engaged.

A question very naturally imposes itself here — what should the people study? And it is as naturally answered —what they need most to know, what will enable them as individuals and groups to attain the happier and more perfect life, what will help them to realise their native capacities.

If you place side by side all the native capacities of man you will see them range from the physical and cultural to the spiritual. A well-balanced people will seek the harmonious development of all these capacities. They will not be as a three-legged stool of which one leg is shorter than the other. They must, however, in the order of time though not in the order of development, begin to fit one leg into the seat of their stool rather than the others. Just as God Almighty breathed the soul into the slime and brought forth man, so, too, must we place bread in the stomach of man that he may bring forth the beauties of his soul.

We do not go to the extreme of Marxism and declare the economic absolute. But we do declare it essential. Men may grow perfect and find happiness without a secure supply of food, clothing, and shelter, but the average man cannot do so. To the average man security is essential for the attainment of both sanctity and sanity.

If then we are agreed that security within a just and scientific society is essential to normal living, then we must realize further, that the masses are

obliged to tackle the problem of attaining this security as groups and not as individuals. An individual today is like a worm before the giant steam-roller of economic, social and political forces. Individualism has failed to give security to the masses, and for that matter, to the classes. Individualism has destroyed individualism by its desecration of private ownership and individual initiative. It has forced millions into the mess that is the mass. Now we must stir the mess that the mass may take on the form and meaning of an organic, organized, intelligent collectivism, where each individual entity may consciously and freely play his part in conjunction with the others. Over thirty thiusand study club graduates are doing that in the Maritimes today. They have organized themselves into co-operative stores, credit unions, lobster factories, fish plants, sawmills, and various other organizations, to the aggregate number of approximately three hundred and are doing a total annual business in all these fields of almost four million dollars. A big accomplshment for little people.

And all these are closely related, for the credit unions provide the members of the stores with the cash which permits them to trade co-operatively and the consumer stores are buying the goods of the producer societies in ever-increasing quantities. Farmers, fisherman, miner, steel worker, office employee, and service man, are learning that they are one in their poverty and in their power. They are preparing to enter new fields — creative recreation, in which as yet they have had time only to dabble, music, books and art; the fields of health and insurance and, more proximately, the field of medicine.

Here is a field we all have been proud of. We have thrilled to the tales of service rendered by our medical men and women in the past. We have gloried in the high idealism of the profession. And we have watched with pride and wonder as each new accomplishment in the art of healing was revealed. We have welcomed the discoveries of medical science as we saw in them the banishment of disease and the liberation of our people from its toils. But we have not realized what we visualized. We have ploughed back into the earth the fruits of an abundant research because we have been unable to distribute them to the needy masses. Here, as in agriculture, the faulty economy of distribution has prevented the enjoyment of the products of an advanced system of production.

And what is the answer? I will give you the answer today — socialized medicine — co-operative and voluntary wherever possible, state and compulsory wherever necessary. And for the few who can afford to dispense and to enjoy the benefits of a private practice, let us by all means allow them to do so provided they thus help rather than harm the bulk of our people and practitioners.

Widespread private practice and individual payment for medical service are no longer feasible or desirable. The field of medical knowledge is so wide today that no individual doctor can hope to cover it thoroughly. He must associate himself with others, general practitioners and specialists, to dispense effectively and efficiently what he has learned. And because the average wage earner cannot possibly budget for uncertain sickness, even as he might provide for the certain needs of food, clothing, and shelter, and because severe sickness is an economic catastrophe to him when he must pay for it as an individual, he in turn must associate himself with other individuals in order to obtain adequate medical care at a reasonable cost. How inadequate it is at present you are well aware.

I cannot emphasize too strongly that such grouping as I have indicated should

Evening in Nova Scotia

be voluntary wherever possible, and I think we shall find it possible on a far wider scale than most of us are prepared to grant at present — the success of such voluntary co-operative associations in the United States indicate that. What little we ourselves have done to date in this field in eastern Nova Scotia satisfies us that it is not only feasible but highly desirable. And we do not hesitate to say that, with the co-operation of the medical profession in Nova Scotia, we can establish a system of voluntary medical service that will be an inspiration to the rest of America. What has been done by our people in the fields of finance and distribution can be repeated by them in this sphere too. They are conditioned for its difficulties and prepared to prove themselves capable of providing medical care that is of the people, by the people, and for the people.

At the same time, however, we should extend the field of public health. We have some excellent men and women doing excellent work in this field, but their facilities are inadequate and their power for good limited proportionally. We must strengthen their hands. In medicine, as elsewhere, there is need for straight thinking. Nor is it enough that this thinking be done by a few. The people as a whole must be enlisted for a study and understanding of this problem, one of the gravest they are forced to face now when an inadequate supply of food, clothing, and shelter has helped to deprive them of their health —the prime requisite for full enjoyment of these necessities.

Your dream of service to humanity can only be fulfilled when you have a people who will to be served. And they will only will it when they have learned to appreciate its benefits. Here is an opportunity for us, medical men and women and educationists, to be co-workers in forging this new society where we shall not spend all our time in mending fences or struggling for the mere morsels of bread and butter that are now our paltry lot.

Here is an opportunity for us as Canadian men and women, entrusted by God Almighty with the stewardship of a most

richly endowed country, blessed with an invigorating climate, and a stock of noble people, to serve humanity with a new civilization that will surpass anything man has ever known. That is the ideal I offer you today. It is not impossible. It is most feasible. For we are only now discovering the tremendous possibilities of our people — the masses we have long ignored. Unleash their energies and we shall have a new world tomorrow.

Antigonish Re-Visited

JEAN E. BROWNE

In the present age of almost universal bewilderment in regard to economics, political organization and spiritual values, it gives one new faith and courage to re-visit Antigonish where, through the activities of the Extension Department of St. Francis Xavier University, a great "idea whose time has come" is taking tangible shape. This idea will undoubtedly change the world, and if Canadians who really desire the welfare of their country would stop making speeches and writing editorials for even one week in order to visit Antigonish, we might get on more quickly with the business of making democracy vital in Canada.

The idea took shape about a quarter of a century ago in the mind of Dr. J. J. Tompkins who at that time was a member of the faculty of St. Francis Xavier University. Dr. Tompkins is a mixture of saint, prophet and fire-brand. He is of English and Irish descent. His great grand uncle Lawrence Kavanagh was introduced to the Legislature of Nova Scotia by Judge Haliburton, and was the first Catholic to be elected to a British Parliament. Kavanagh was an educated man with an intense love of liberty. The passion for education and for liberty seems to have been in the blood of this family, and destiny no doubt sent them to Nova Scotia in order that their descendants should be ready to promote "the idea" when its time came.

The preparation for the present movement was the economic education of the farmers, fishermen, miners, industrial workers and housewives of the eastern part of Nova Scotia through the efforts of faculty members of St. Francis Xavier. Then followed the organization of "co-operatives," first on a very small scale, but now developed into really big business. The next step was the organization of Credit Unions. The first one was organized in Glace Bay in 1932. There are now 223 spread over Nova Scotia, New Brunswick and Prince Edward Island.

The President of the Canadian Nurses Association and her holiday companions, through the kindness of Dr. M. M. Coady, the Director of the Extension Department of St. Francis Xavier, had the great privilege of attending the Nova Scotia Credit Union League Convention, July 22, at Antigonish. The 250 delegates were for the most part farmers and miners, and at least fifty

percent of them were under thirty-five years of age. One was struck by the keen, alert, happy expression of these men, and by the fact that they were well-groomed and could express themselves clearly, concisely and in good English when they rose to speak.

At the close of the formal session of the afternoon, the visitors had the opportunity of talking informally with some of the delegates. One of these was a young farmer of Louisburg who told of the Credit Union to which he belonged. He told us how it began in 1935 with a membership of 22 people who deposited a few hundred dollars. In three years, its membership has increased to approximately 150, and it now has deposits amounting to $5000. Of this amount $4400 is out on loans. In this community, the loans are used mostly to buy agricultural implements and stock, and for building purposes. The usual interest is paid on the loans, but in this case the borrower is also a joint creditor. He told us of a little boy of eleven years of age who joined the Credit Union three years ago and who deposited twenty-five cents at a time. Now, at 14 years of age, he has $70 to his credit, and has the immense satisfaction of being a shareholder in a growing and important business.

Of the many interesting incidents of how the Credit Unions show true economic and social co-operation, is that of the truck-driver whose ambition was to own his own truck. He was able to get a loan from his Credit Union, and bought his truck. Very soon afterwards, he was taken seriously ill and had to be in the hospital for quite a long time. His Credit Union considered his case, and decided to hire a man to run his truck. In the end, they made enough out of it to pay the man's wages, to pay back the loan on the truck, and to pay the owner's hospital expenses. When he returned to work, he had no debts to face.

In the evening, a banquet was held in the dining-room of the recently opened Morrison Hall, the women's residence of St. Francis Xavier University. This beautiful Georgian refectory, with its tastefully appointed tables, and its vases of gay flowers against white walls, provided a delightful cultural setting for the convention dinner. The president of the League, Mr. John Foote, a miner, acted as chairman and as toastmaster. At the head table with him were the speakers of the evening. Noticeable among them was Mr. A. S. McIntyre, the young and able supervisor of Credit Unions in Nova Scotia. Mr. McIntyre, who is now on the staff of the Extension Department of St. Francis Xavier, was formerly a miner and a leader of the Communist party in Glace Bay. It is typical of the quiet and steady achievements of this sound economic movement that men like Mr. McIntyre are being won over from the subversive doctrines of Communism to the democratic ideas embodied in the Credit Union Movement.

The speeches of the evening were notable for their vigour, clarity and restrained enthusiasm. Among the audience, one saw many fine heads that a Rodin might covet for models. Sitting side by side with the working men were priests and professors. It would be a dull soul, indeed, who could not catch the unmistakable signs of a new and better democracy.

The July 1938 visit to Antigonish gave one the privilege of meeting the present Rector of the University, Dr. D. J. MacDonald, and his predecessor, Dr. H. P. MacPherson, and of hearing first hand from Dr. Coady of the development of the socio-economic experiment being promoted by the Extension

Department. Dr. Coady is also a descendant of the Kavanaghs. He can be recognized on sight as a leader of men. In him, shrewd logic is combined with complete honesty and fiery intensity of purpose. Associated with him in his work are Professor A. B. MacDonald, the Rev. J. D. Nelson MacDonald, a United Church minister, and Mr. A. S. McIntyre, a former Communist leader. This selection of staff will in itself give some idea of the broad and tolerant basis of the movement.

Starting with the small study group of not more than ten individuals, through the local Credit Unions and up to the League of Credit Unions, this new movement tends to develop the latent potentialities of the individual. For the first time in their lives, some of the members begin to think things out for themselves, and to take social responsibility. The movement is mobilizing these men for peace and democracy. By learning to help themselves and to help each other, they are beginning to experience not only economic improvement but also the spiritual values of life.

At Antigonish one finds the nucleus of a movement which is giving economic security, which is releasing the power of men's minds, which is promoting religious tolerance and which, as it spreads, must bring peace and noble living to mankind.

NIGHTINGALE MEMORIAL FUND

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia

A.A., St. Paul's Hospital, Vancouver	$10.00
A.A., St. Eugene Hospital, Cranbrook	5.00
Registered Nurses Association, Nelson	10.00

Manitoba

Graduate Nurses Association, Brandon	$ 5.75
Margaret Scott Nursing Mission, Winnipeg	1.50
Nursing Staff, Bureau of Child Hygiene, Winnipeg	1.00
Nursing Staff, Hudson's Bay Company, Winnipeg	.50
Nursing Staff, T. Eaton Company,, Winnipeg	.25
Nursing Staff, Winnipeg School Board	2.50
Mrs. V. Robinson, Winnipeg,	.25
Miss M. Taylor, Winnipeg	.25
Miss M. Simpson, Winnipeg	.25
Nursing Staff, General Hospital, Neepawa	5.00

Nova Scotia

Mrs. James Hall, Halifax	2.00
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Student Government, School of Nursing Toronto General Hospital	100.00

Quebec

Student Nurses, Notre Dame Hospital, Montreal	5.00
Infirmières du Registre Ville-Marie, Montreal	5.00

The Philosophy of the Curriculum

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In speaking of the philosophy of a subject we are speaking of the basic ideas that are held with regard to that subject, that is the ideas or beliefs that form the basis for all further argument and action with regard to it. It is a matter of first principles. We are discussing, therefore, the fundamental ideas that underlie the proposals set forth in this *Curriculum* for nursing schools. It is probable that this philosophy (personal, professional and educational) can be described best by the answers that the *Curriculum* gives to certain questions which may be listed as follows:

What is the extent of the professional field for which the school envisaged by the *Curriculum* prepares its students?

What are the essential qualities of a nurse?

What are the essentials in an educational process?

Because many people have contributed to the *Curriculum*, and because opinions must vary greatly, it has not been easy always to maintain an exact and consistent philosophy. This indistinct quality appears at times. For the most part, however, the meaning is clear to the reader who has eyes to see.

The first question deals with a matter of professional thought. What is the full educational responsibility of the nursing schools for which the *Curriculum* was written? The answer is not clear. The *Curriculum* takes much thought for both hospital and community nursing but it does not show whether the school outlined here is to give qualifying diplomas to both hospital and public health nurses. Further the text does not allot any responsibility for post-graduate courses. It is a composite picture of a nurse that is drawn on pages 9 and 10, the exact implications of which could be stated more clearly.

The second question asks for a statement regarding the essential qualities of a nurse. Here we find a somewhat paradoxical situation in that least is said regarding that which is considered by the authors of this outline to be of primary importance. In saying this we are making the claim that the authors of the text put spiritual values in the place of first importance in the nurses they would produce. The evidence to support such a claim is not extensive, but certain is found in remarks such as the following: "the quality of person a nurse should be"; "the personal qualities which enable her to make her greatest contribution"; "those attitudes and ideals which are fundamental to the spirit and practice of nursing"; the head nurse's "influence will tend to foster or to destroy the spirit and attitude of the students in regard to nursing".

Remarks such as these occur and recur, with consistent emphasis. Therefore a thoughtful study of the *Curriculum* seems to give us the right to say that it maintains that the spiritual quality of the nurse is of supreme importance and that the first duty of the school is to foster this quality. If this be true, however, why is it that the writers seem almost to have tried to avoid giving expression to the thing that matters most? There are several possible answers to this question and some will spring to your minds at once. Nevertheless some adverse criticism is now offered concerning the *Curriculum* outline, with the

suggestion that the text should be more outspoken concerning these greatest values. Reticence is being misinterpreted and is being taken to indicate a lack of interest and conviction: also probably this reticence is leaving young members of the profession without the very definite and convincing leadership that they need when they first take positions of responsibility in a nursing school.

These are very curious days in which we live. Material things are much in the limelight just because there is so much new knowledge and new discovery, and so many new things to delight the mind and the senses. In our own field we note this particularly. New discoveries of science are throwing a much greater light on our understanding of the mind and the body, and consequently on matters of sickness and health. Perhaps it has been inevitable that there should have been a short phase of intoxication in consequence, but that phase has passed, that is, in as far as it has significance to characterize the age. Long centuries ago we were taught that man cannot live by bread alone, and there are few thoughtful people to-day who question this teaching. Undoubtedly there is a deep sense of spiritual values in our professional group but at present we do not know how to give expression to this feeling: indeed, we do well to pause and to fear some of the conventional forms of expression. However, as has been said, our silence is being misunderstood for it appears to uphold a materialistic attitude to life and may serve even to support that type of teaching. If the majority believe that the spiritual quality of the woman is the matter of first importance in the nurse, and that that spiritual life cannot thrive without continuous food, then a document of this sort should show that belief unequivocally. But we would add a very reverent prayer that we be delivered from much that is called spiritual food.

Will you permit a digression at this point? In the course of yesterday's meeting one of the Sisters made a remark that rather saddened me. If the remark was understood aright, the inference was that there is now a rather sharp cleavage between the philosophy of the religious orders and that of the lay group in nursing. I am quite sure that the Sister did not mean this as a reproach, but I am not sure that we should not take it as such. We all know the place that the religious order has taken in the development of nursing and, although all freely admit the present need for the lay worker, it would be a sad commentary on our progress if the two groups were far apart in spirit. Because of this recent search through the *Curriculum* to get the expession of its philosophy, I was greatly interested in the report that was given at this Biennial meeting by the convenor of the committee on "Religious Influence in the Life of the Nurse". I would rather like to add further comment with regard to that committee but personal suggestion of the kind would be out of order at the present moment. I would add, however, that I think some more formal study of ethics should be proposed in the *Curriculum*. In saying this, I am voicing a change in my own opinion and the change comes as a result of experience: this experience with young students in the nursing school is leading me to decide that the additional teaching should be included.

We are still speaking of the essential qualities of the nurse and the *Curriculum* has yet more to say regarding this matter. An adequate stress upon spiritual values cannot serve as an excuse for neglecting other things. Having got the primary emphasis where it belongs, we have only increased every other respon-

sibility. The further basic considerations with regard to the nurse that the *Curriculum* would stress are as follows:

1. That health, intellect and culture are essentials not frills. Students vary in the amount that they bring with them of these assets. The *Curriculum* says that it is the duty of the school to set certain minimum standards regarding these for pupils that are admitted, and to maintain and develop these possessions after admission.

2. Certain personal qualities should be built up, namely, resourcefulness, initiative and a strong sense of responsibility.

3. The students must be well taught and trained in the knowledge and skills that are apropriate to the practice of nursing. The demand here is emphatic.

So far we have talked of a philosophy with regard to nursing. To complete the picture let us now seek the underlying thought of the *Curriculum* regarding the process that is called professional education or training. Here we are well satisfied for the educational philosophy of the book is delightful: it is sound, direct, honest with no following after the false gods of some modern educational efforts. Certain fundamental axioms are stressed so clearly that they speak for themselves without further comment: these include the following:

That the simple rules of learning are all important and must be accepted.

That by simplifying, planning, and reorganizing, much more could be done with *present resources* in our schools.

That wisdom is greater than knowledge.

That length of time is a powerful factor in learning but that endless waste of time can take place in a three-year training.

That the person of the instructor and the person of the pupil are more important than the detail of the curriculum.

That essentials must be maintained even if very desirable things have to be sacrificed.

That weariness and confusion prevent learning.

There is nothing mechanical in the approach. It is a fine, true, educational philosophy, alive with possibilities. The school that captures the spirit of it can do wonders for its pupils even if its material resources be slight.

A SAVING GRACE!

May an English nurse, who, like others, has read with interest the discussion in your correspondence columns on "Unprofessional Conduct," offer one or two comments on Miss Giles' excellent letter which appeared in the July number?

I agree with the writer that nursing is a profession, and as such will offer service of the best kind for the public good, and carry standards of professional integrity on which the public may rely. Is it not even true to say that, because of the very intimate nature of nursing work, there is rightly expected of nurses a high level of maturity, and a meticulous observance of social ethics which, though possibly desirable, is not necessarily required in like degree, of all other professional workers?

That a smoking room has been included in the new residence for nurses at St. Thomas's Hospital, is mentioned by Miss Giles as a sign of the times, and is a source of satisfaction to many "Nightingale nurses." I venture to suggest moreover, that were Miss Nightingale alive today, she too would approve this innovation and be sympathetic

with the "proper and conventional customs" of this generation.

Nevertheless, of the nurses who use this room, she would assuredly expect moderation, together with a respect for the feelings of patients; for she would have nurses remember that they are teachers of health and health habits, the success of whose teaching is conditioned by the example which they themselves set.

I have recently seen it quoted, that in the *Summa Theologica* of St. Thomas Aquinas the problem is discussed: "whether greater sobriety is required of distinguished persons?" The answer is that sobriety is incumbent on all in equal degree, "but it must be striven after with special vigour by young men and Bishops"! Following, then, the line of thought suggested by this saintly theologian, may we not assume that *moderation* is incumbent upon all in equal degree, but striven after with special vigour by young women and Nurses?

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"PHYSO-THERAPY"

From the "The Quarterly", a bright periodical published by the Alumnae Association of the Toronto General Hospital, we quote this delightful transcript of a monologue overheard in the physiotherapy department.

"Is this physotherapy, dear—what they call this treatment—I mean—oh, phys-ee-o therapy, is that it? . . . You have the arthritis condition, too, have you? That's what the doctors says I have. I have it terribly. Sleep! I haven't been able to sleep to speak of for three or four years. Yes, on account of the pain—it's terrific, excruciating, that's what it is, dear. No one knows how I suffer . . . Yes, that's the spot where it hurt most. I didn't bother about it for a long while, I thought it was my overweight . . . Do your joints crack? Mine do, too. Listen to that—that's my neck, isn't that terrific? And my knees . . . you should hear me go upstairs! . . . They may think these tables are comfortable. Well, they're not. I hope the nurse comes and takes me off soon. I'm aching all over—here, and here and here!!! I can't tell you how terrible it is! . . . Do your feet get wet? Mine just drip, and my hands, too; they get all cold and clammy—awful, isn't it? . . . I'm to see another doctor to-day. I have this antrum trouble—antrum and turbinates—that's pus in the cheek-bones. Yes, dear, that's the cause of my arthritis condition."

"Oh, dear, nurse, I'm so glad you've come. Do be careful, dear. No, I can't help myself at all, dear. I had an X-ray of my spine taken Saturday, and it's still tender, simply excruciating. Yes, it was taken for the arthritis condition. Are you sure you can lift me yourself, nurse? You will be careful, won't you, dear—the pain's terrible! Oh, oh, there, that's better—now if they'd only take me up to the ward!

And then there was a pause, apparently for station identification, and then: "My husband? Yes, I have a husband. He's a mortician, dear. Yes, a mortician. He had to go to New York and study for two or three years—just like a doctor, you know. I think mortician sounds so much more refined than undertaker, don't you? Did you say this treatment was called phys-otherapy—oh, phys-ee-o-therapy . . . thank you dear".

Administration in Schools of Nursing

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In introducing the discussion of this subject in this symposium, it may be well to quote from the *Curriculum* the opening paragraph in the chapter which introduces this subject:

> In Schools of Nursing the importance of a carefully planned educational programme cannot be questioned, but it can only become truly effective to the degree that opportunities for education are available and facilities for learning and efficient teaching provided. This implies that the school in which this educational programme is organized must be established on a sound administrative basis. It should have control of its educational policies and should have command of sufficient financial resources to provide the necessary facilities which make education possible.

In an effort to ascertain the progress being made toward meeting the general principles outlined above, an inquiry was sent to selected schools of nursing in every province, replies being received from fifty-six per cent of the schools of nursing approached. This lack of response from the remaining forty-four per cent makes it impossible to present a true picture of the progress made. However, certain deductions may be made from a study of the replies received.

There are several fundamental factors that are basic in any satisfactory educational policy. The *Curriculum* stresses the need for facilities for learning and efficient teaching. A well-organized and carefully prepared educational programme very often fails, due to the conditions prevailing in the hospital. The economic and financial aspect of the hospital administration usually influences these conditions and consequently they are difficult to overcome. The one most outstanding is the long hours student nurses are required to work in actual nursing service, crowding the instruction given in theory into an already full day, and leaving no time for study. Students on night duty are attending classes during the day, and working long hours at night—very often 72 hours per week. In the replies received, only four schools of nursing have definitely established an eight-hour day, and six have modified the hours of duty to some extent. The remaining schools report no change in the hours of duty of the student nurses.

One of the suggestions for putting into efect shorter hours for student nurses was the employment of graduate nurses for general nursing service, thus stabilizing the nursing staff and making it possible to consider the needs of the student nurse from an educational standpoint. It is very interesting to note that 86% of the schools replying to the inquiry, emphasized the fact that the number of graduate nurses on general nursing service was very greatly increased; in fact one school reported that, in the nursing personnel, 47% were students and 53% graduate nurses. One reply seems to offer the solution of this apparent contradiction when it states: "More graduate nurses are employed, because of the exigencies of nursing service, and not from any change of policy by the authorities.

While the employment of graduate nurses for general nursing service has not benefited the position of the student

nurses to any extent, it has at least one hopeful feature. It is an acknowledgement on the part of the Boards of Trustees of hospitals that nursing service must be considered a definite part of hospital expenditure and that all nursing service required in the hospital cannot any longer be demanded from and supplied by student nurses.

The question is an economic one and from the replies received, it would seem that very little progress has been made toward a definite study of the cost of nursing education and the conduct of a school of nursing. Only two of the schools replying are operating on a budget system. In some schools the subject has received some consideration, but apparently was not considered of sufficient importance to effect any change in policy. In the remaining schools, the cost of the school and the cost of educating student nurses was not definitely included in the replies received. This lack of financial security is most detrimental to the progress of the school since it prohibits wise planning for future development and forces the administrative staff of the school to depend entirely on the decisions of the moment, which may or may not be in line with the general plan for advancement.

One encouraging feature of the replies received is the fact that there is a general improvement in the qualifications of the teaching staff of most of the schools. This is very significant and of very great importance. The following sentence is quoted from the *Curriculum*: "No matter how well organized the plan of education may be, it can only become really effective through the interest, personality, professional experience and ability of those responsible for its direction." It has been very apparent that during the past few years, an increasing number of nurses have been entering for post-graduate courses of study in our Universities. While the figures for all Canadian universities were not secured, the comparative figures of one University may be an indication of the general trend. In this University, five years ago, there were ten students enrolled in the courses in Administration and Teaching in Schools of Nursing. In the year just completed, 25 were enrolled in these courses.

While this development is most encouraging, it must be borne in mind that the hospital has definite obligations to those entrusted with the teaching and supervision of the student nurses. A teaching staff with the most outstanding qualifications and teaching ability, cannot do effective work unless the conditions for learning are equally satisfactory. It is the "conditions for learning" that create the problem toward the solution of which very little progress has been made.

In considering the future development of nursing education from the standpoint of administration, it would seem that the question of shorter hours for student nurses must be made effective. This reform is fundamental to all progress and on this reform all progress and future development depend. For many years, Boards of Trustees of hospitals have been willing and anxious to shorten the hours of the student nurse and to consider her more definitely from the standpoint of a student with definite educational needs. But unfortunately these same Boards of Trustees are always faced with the need of increased financial income to make this possible. This condition has now existed in our Canadian schools of nursing for over twenty-five years and as yet no constructive plan has been developed. It would seem advisable to acknowledge the fact that hospitals unassisted cannot effect this reform and to endeavour to find means by which the

necessary assistance may be secured.

Judging from experience, it seems quite logical to say that this reform will not become effective except through definite legislation dealing with the working hours of student nurses. Such legislation would of necessity be provincial and in the enforcing of this legislation, the question of the cost to the hospitals would have to be given consideration by the Government of the Province. If an approach were made to each Provincial Government, this question would at least be considered and the facts of the conditions under which nursing education is carried on would be made public.

It is quite apparent that any action of this kind would be the responsibility of the Registered Nurses Association of the Province but if such an approach were made to all Provincial Governments at the same time under the leadership of the Canadian Nurses Association, the appeal made by the individual Registered Nurses Association would be very much strengthened.

In concluding this discussion, it may be well to emphasize the conditions surrounding nursing education today. Outstanding progress has been made in many ways: the educational requirements for students entering the schools of nursing have been definitely raised and applicants are selected much more carefully; the educational preparation of the teaching staff has been noticeably improved in practically all schools of nursing; careful thought is being given to the *Curriculum*, to the methods of teaching, to the class room equipment and facilities for teaching, to school records, to the reference library and professional periodicals, to the best system of examinations, and many other matters of similar importance.

Each year, more careful attention has been given to the health of the student nurses. The need for preventive measures is being stressed and student nurses are now receiving better medical supervision and care than ever before.

All these improvements are of importance, but all can be completely nullified and made practically ineffective if the student nurse is working under conditions that make her physically and mentally unable to profit by the opportunities of education and experience offered to her. In the first chapter of the *Curriculum* this fact is stressed in the following: "It might be well to state that it is the general feeling that little can be done to strengthen and enrich the undergraduate course until the hours on duty for student nurses are reduced and more time and opportunity afforded for learning and reflective thinking".

That statement is a challenge to all concerned with the education of the student nurse and the challenge should be considered. The solution will be found only through the efforts of the organized nursing profession represented in the membership of the Canadian Nurses Association.

Theory and Practice

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May I first make it clear that the material here presented is not the opinion of one person or even a special committee but rather a summary of echoes from nursing schools across Canada. The convener of the Curriculum Committee, with her usual foresight and thoughtfulness, prepared a brief but comprehensive questionnaire which she forwarded to accredited schools throughout Canada and from the replies received we have gleaned the information which it is my privilege to pass on to you.

It is the aim of the *Proposed Curriculum* that the undergraduate or basic course shall provide the essentials in the preparation of the nurse for the general practice of nursing and that this basic education will be secured through a carefully selected and organized programme of classroom, clinical and community experience. With the acceptance of the *Proposed Curriculum* two years ago, we accepted its aim and it became imperative that we cast our eyes over our individual nursing schools and discover the discrepancies in our policies causing us to fall short of the fulfilment of our objective.

For a number of years, those nurses responsible for directing the educational programme were conscious that the pendulum had swung too far to the side of classroom instruction but not until the *Proposed Curriculum* was in the making, did they realize the extent of the cleavage which existed between classroom instruction and the clinical experience of the student. If during the past two years, the *Proposed Curriculum* has done nothing more than bring the classroom out of its enforced isolation and make us "ward teaching conscious" it has not been created in vain.

The *Curriculum* states that the basic education is to be secured through a carefully selected and well organized programme of classroom, clinical and community experience and for the next few moments let us dwell upon the classroom and clinical experience. We think of classroom instruction as formal teaching, and as nothing can be formal without definite organization it was the classroom which heretofore carried the organized educational programme and consequently, with the adoption of the *Proposed Curriculum*, the theoretical part of the course has been found to be the part most easily adjusted. In some of the smaller schools, a full-time theoretical instructor has been engaged, new teaching equipment purchased, and science subjects (such as chemistry) added to the preliminary course. In many of the recognized schools no such radical change has been required. There has been no increase in the hours for formal instruction. True, slight adjustments have been made in the content of some courses in order to establish greater uniformity and to strengthen the health-teaching phase, but the main emphasis has been placed on selection and method of imparting knowledge, with attention focused on the clinical field as the laboratory for all nursing.

The challenging questions to all the theoretical instructors have been (a) how can we bridge the gap between classroom and ward and use the available material of the laboratory without interfering with administration? and (b) how can we meet and co-operate

with the head nurse so that there shall be a close interweaving of theory with practice? To accomplish this instructors find they must convince the administration that they are not adding but rather re-organizing and making use of available clinical material in order to improve the nursing service and lighten the load. Secondly there must be frequent conferences to establish and strengthen the common aim—the education of the student.

So far what has been accomplished? In schools where, during the preliminary term the student is not required to assume responsibility for the maintenance of the nursing service of the hospital, the instructor of nursing practice, by close co-operation with the head nurse and supervisors, has been able to obtain for her students ward experience which co-ordinates nursing theory and practice almost immediately. This arrangement allows for a gradual introduction of the student to the activities of a busy ward and plants in her mind the idea of integration between theory and practice which is so essential throughout her school years.

Materia medica is a classroom subject which is being used to bridge the gap. By conference with the head nurse, the instructor of materia medica is able to have a student give a five-minute talk at morning report using as a topic a drug (taught in the classroom) which is being administered on the ward. This promotes student activity—the junior students learn and the more advanced students review.

Since nursing today is a community service which includes the health supervision of individuals and families as well as nursing the sick in the home and the hospital, the organization of the clinical experience of the student requires that those in charge make a conscientious study of community needs and of the material within and without the hospital which can be utilized in preparing the nurse to meet these needs. After viewing the field as a whole, organized units are being arranged and consideration given to their sequence to allow for progressive learning on the part of student.

Too great stress cannot be placed upon 'routeing'. It is the key to the success or to the failure of any organized ward-teaching programme as well as the integration of classroom theory and ward practice. The *Proposed Curriculum* clearly indicates that the person in charge of "routeing" should be educationally-minded so that there will be a definite progressive educational programme planned in advance and carried out systematically. May I re-iterate—systematic "routeing" is absolutely essential for the organization of a good ward teaching programme.

The *Curriculum* suggests that the classroom programme follow the same sequence as the clinical programme, so that ward practice will be supported by related theory. It has been impossible to provide the same sequence for all students, consequently some may attend the classroom lectures with members of their class and not reach the department for practical experience for several weeks or even several months. Recently there has been a real attempt to overcome this difficulty and in hospitals where head nurses and supervisors are prepared for the dual function of teaching and administration, systematic educational programmes have been organized *within* the service to take care of theoretical instruction as well as clinical experience. Two subjects, pediatrics and obstetrics, lend themselves nicely to this new adaptation.

In one hospital much the same system is used in teaching diet in disease. There is no longer a diet kitchen for nurses' practice cooking. When the stu-

dent is sent to the dietary department she is assigned by the department to a certain ward where she is known as diet nurse. She visits the patients on her ward, learns their likes and dislikes, and, under supervision, works out the diet for each with as little variation from the main kitchen menu as possible. She is responsible for the serving of meals to all her patients and recording of results.

The emphasis which is being placed upon more and better clinical teaching presents a real problem—the scarcity of prepared head nurses and supervisors. It is imperative that the students' clinical experience be placed in the hands of those who are specialists in their own department and also adequately trained in teaching and supervision. Our students will go no further than their leaders.

This problem is a direct challenge for staff education and is being met in different ways. One hospital arranged for a series of ten lectures on ward teaching and supervision. Several hospitals report weekly staff conferences for the improvement of ward teaching—supervisors leading the discussion. In other hospitals, promising young graduates have been given leave of absence for post-graduate study in teaching and supervision.

It would be interesting to know how nursing schools propose to retain the services of prepared supervisors. Even with many difficulties to overcome, one is conscious of the sincere attempt to use some form of ward teaching and the degree of progress can be measured by the attitude of mind of the supervisor or head nurse. Those who are blinded to the possibilities by the glamour of administration have done little.

What are some of the present day trends?

Hospitals have increased the nursing personnel so that patient assignment may be adopted, if not entirely, at least partially.

Many head nurses are budgetting their time to allow for individual supervision of bedside nursing and for ward rounds with the student new to the service.

Five-minute talks at morning report, which allow for student activity.

Case study in some form is used in practically every school.

Bedside clinics by the doctors continue, but a word of warning is needed. Remember the physician will stress symptoms and pathology more than the nursing.

Nursing clinics are gaining in favour because they study the patient as a whole. They are not unlike case studies but, have the advantage of oral presentation and are less elaborate. These clinics require about thirty minutes and can be adapted to the teaching of nursing within any service. The clinic is conducted by the student under the direction of the supervisor of the service, the clinical instructor, or the classroom teacher.

In one hospital the following is the outline used for a medical nursing clinic:

A brief history, social and medical, just sufficient to clarify the medical treatment.

What brought the patient to hospital?—with the newer emphasis on symptoms and signs.

The three phases of nursing: environmental, physical, mental.

Medication—correlation with classroom instruction in materia medica.

Diet in relation to the disease.

Laboratory findings and their interpretation to allow for intelligent observation.

Concurrent health teaching.

Rehabilitation.

Perhaps we have not gone far with this ward teaching programme but at least we have our foot in the door and we are keenly aware of the value of curriculum guidance.

Public Health in Schools of Nursing

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The seed of public health needs only to be scattered in order to find soil and take root. Throughout Canada areas of fertility abound, and though gardeners are all too few, small patches under cultivation show that some of the seed has fallen. An analysis of reports from twenty schools of nursing from Prince Edward Island to Victoria has been made for the purpose of measuring growth during the last two years. Maximum attainment has of course nowhere been reached, but the green shoots, here just pushing through, and there well grown, seem to point the way to maturity.

Health Services: It appears to be a sound principle in attempting something new to base our efforts on a familiar procedure. Those schools which have made a definite attempt at the integration of public health have followed this natural tendency. For example, sixteen of thesetwenty schools have begun their attack by increased attention to the health of student nurses. The prevention of tuberculosis draws close attention in five of these schools, through frequent Mantoux tests, X-rays and emphasis on health education. The preliminary physical examination is conducted by a tuberculosis specialist in one school. Four give Wasserman tests and four have qualified physical education instructors. Fifteen days leave is allowed by one school to encourage early reporting of illness.

Health Education: Four reports show definite correlation between the care of student nurses and health education on admission. There are ten or more schools giving preliminary health education courses which emphasize prevention and personal responsibility for health. The trend is towards application of life situations, with discussion by the class, and towards the use of health projects to strengthen health consciousness. It is stated that resources for health education such as the outdoor department are being developed.

The second course in health education is approached in a different way by each of the three schools which have taken it up. The Toronto General Hospital reports, "concerted effort to health on wards and in classrooms". Edmonton offers "Principles and Methods of Teaching Health Education" a course given by Miss MacLeod, University Director of Nursing. At the Montreal General Hospital, this course prepares the student nurse to teach health, and dwells upon the consideration of social and economic factors in relation to health.

Community Health and Social Needs: In the *Proposed Curriculum*, however, a separate course in community health and social needs is outlined. The present diversity of approach to problems inherent in the construction of a course of this kind may be evidence of confusion as to its meaning, or this diversity may be due to considerable discrepancy in means for carrying out such a course. The tendency however, among the eight schools who have made a beginning, is to look outside for inspiration. Should we not start with the patient in the hospital situation, and lead out to the community? For example, apply principles

of teaching and laws of learning to the education of the patient in our daily contact; follow through by consideration of his home situation when he leaves, and lead up to the discussion of community resources for the promotion of health. A Council to formulate community health and social needs, and to plan instruction and ways of meeting these needs has been organized in a western province. Kingston declares much has been gained through the *Curriculum* suggestions. New Brunswick informs the nurses of health requirements throughout the province, and of plans developed to meet them. Halifax Infirmary places emphasis on community health aspects from the beginning of the course, and employs qualified doctors and nurses to give lectures in public health. Three other Canadian schools also give lecture courses on this subject.

Affiliations: Of the twenty schools under discussion, twelve strive for community experience for their students. Seven utilize their own Social Service Departments, and nine have some affiliation with outside agencies. The greatest number of these outside contacts is provided by the Victorian Order of Nurses. Other co-operating agencies are two provincial venereal disease control clinics, and child welfare, school nursing and tuberculosis agencies to a slight degree. In Montreal, the Family Welfare Association and the Victorian Order of Nurses do co-operate to a limited extent, and are willing to expand this service, as are other agencies, when the nursing curriculum is prepared to make use of their facilities.

Public Health Nurse: Of the five schools expressing an opinion on the addition of a public health nurse to the staff, one states that this plan is "impractical for years to come, for financial reasons." Two others employ a total of five nurses with post-graduate courses in public health, in clinics and on the wards. An instructor with public health experience is to take up her duties at the Toronto General Hospital this fall. In January 1937, the Montreal General Hospital appointed a nurse with teaching experience as public health instructor and health adviser to student nurses. As health officer, Dr. B. S. Johnston, Assistant General Superintendent, directs the organized health service.

So closely allied are medical and nursing services that for a long time the growing trend towards preventive medicine had been reflected in nursing activities. The appointment of a public health nurse was therefore the outcome of the need for someone who had experience in this field to assist in the preparation of the nurse for community service. Success may be measured by the degree to which the teaching and practise of health complement all other factors in nursing education.

May I express observations on what I have learned regarding the duties and functions of the public health nurse in a school of nursing? First of all her functions and opportunities are limited. Her sphere is a very definite one, but it is bounded by and tied up with the lawful activities of her fellow workers. In carrying out her function of teaching, the mere giving of theory will not inculcate public health any more than studying nutrition will nourish. No, in order to be fed we must eat, and in order to promote health all concerned must practise it. It is the duty and privilege of the public health nurse, after surveying the hospital field, to initiate a programme, to guide its course and to correlate the activities directed towards its fulfilment. However, each teacher, supervisor, administrator and head nurse must share the responsibility of the health approach. Until the appointment of a sufficient number of supervisors, this responsibil-

ity, for head nurses, includes the supervision of follow-up practice of what has been taught in the class room.

The hospital is rich soil for the promotion of health and for studying human relationships. Even a brief vision of the endless responsibilities dwarfs our modest beginnings. The exciting task ahead is to make the most of our golden opportunities. Let us plan to use these resources, plan to start at once, when the student comes in. Then follow through, build, integrate. Adjust as we go along, linking up with the daily scene in other fields; point out relationships of one department to another; to the hospital; of the hospital to the community; of worker to worker; of nursing to social work to medicine. Use community resources as pictures to illustrate your story, but do not depend on them to tell the tale. Make your pictures move and give them colour by the introduction of human illustrations in the outdoor, in social service and on the ward.

Successful teaching will stimulate enquiry. Comparison of the situation in which we are working with health standards will then be inevitable. If we are prepared for this we will be ready to try to find a solution to problems such as long hours, restricting uniforms, lack of adequate hand washing facilities. Unless our environment conforms with health standards will it do much good to talk of medical asepsis? One superintendent of nurses suggested that until we could provide facilities for sterilization of dishes, and proper disposal of linen at the bedside, and until we furnish individual equipment for all patients, our teaching of health measures would carry little weight.

Questions of this kind might profitably form the nucleus of staff conferences. Public health experience is most desirable for all staff members, but since this cannot be accomplished with the wave of a wand, a definite staff education programme should provide mutual opportunities for understanding. The public health nurse logically carries over health education to health service activities. It is here as in later courses dealing with community health that she draws so fruitfully on her field experience. Continued contact with community agencies serves as a stimulus, and assists in working out new developments.

Montreal General Hospital: A brief summary of the programme in progress at the Montreal General Hospital may carry conviction that to be public health nurse in a school of nursing is a full-time job, and one which only the experienced nurse can tackle with confidence:

> The Health Service follows the requirements of the Curriculum with the exception of psychological tests and Wasserman tests. In conjunction with health measures such as the physical examination and immunization programme, a course in health education is conducted in the preliminary term. This course is given to familiarize the students with the functions and administration of the Health Service, to discuss and promote health practises by the student nurse in the hospital environment; and to develop in each one a responsible attitude towards health maintenance.
>
> A plan of experience in the outpatient department whereby the student glimpses the interdependence of health and social institutions has also been established for the preliminary student. This series of talks, clinical observations and seminar discussions is designed to draw attention to the patient as a member of the family and community. During this time excursions are made to four centres, selected for educational value, and where the work carried on illustrates preventive and social measures.
>
> One week's supervised experience in Social Service, including a number of home visits and further community contacts, follows at a later date.

The second course in health education, already referred to, prepares the nurse to give individual health teaching to the patient on the ward, with emphasis on adaptation to patient's home conditions. As in other units of this introduction to public health, success depends largely upon the co-operation of the head nurse and social worker. We hope that this course may prove the foundation for a third year series on home and community nursing. A day on the district with the Victorian Order Nurse has been demonstrated to the last two graduating classes.

The innovation which arouses no controversy and meets with no obstacles is a tame one. It is also likely to be an unproductive garden which grows no weeds among the flowers. Vigilance and hard work are required to uproot the superfluous and break down difficulties. When the day's work is done, we stand still, with senses alert, to feel the throb of the earth, and know that our garden is growing.

The Proposed Curriculum in Action

THE STORY OF A VERY YOUNG SCHOOL

E. K. Russell

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In presenting this paper, the significance of the new work of the School as a public health course has been ignored. In explanation, the reader is directed to the title of the paper. It is the relation of the School to the Curriculum that is presented in order to discuss the fundamental question of the support and administration of nursing schools. E.K.R.

The title of this paper gives the explanation for its appearance at this session. We have been studying the *Curriculum* all morning and now we are not departing from that subject but merely approaching it from a fresh angle. In presenting the matter under the title which has just been given, there appears to be a claim that a new school is putting the *Proposed Curriculum* into effect in some rather particular degree: and in the title there is also the further inference that the *Curriculum* itself has something distinctly revolutionary in its proposals, a something that relates a new school to it. My purpose in speaking is two fold: first, to draw attention to the exact meaning of these *Curriculum* proposals: and second, to ask from you a very lively interest in a particular school, which appears to be practising the most fundamental precepts of the *Curriculum*.

Five years ago a small new school was started in Toronto—the School of Nursing of the University of Toronto—and it is of this school I would speak. It was taking form just as the *Curriculum* was being written and both,

working independently of each other, seemed to give expression to the same philosophy, a fact which has rather startling significance. Most of you know the general outline of the School, so a very brief statement regarding this should suffice. The School is a recognized school of nursing in the Province of Ontario: it occupies a building which is used for both residential and school purposes and which is situated very close to the Toronto General Hospital: it is a properly constituted teaching department of the University of Toronto: it gives a training course in nursing which is thirty-eight months in length and which combines curative and preventive teaching at all times throughout the entire period; the graduate earns a double diploma, being qualified for the practice of both hospital nursing and public health nursing: the student pays tuition fees and also maintenance costs: the course has nothing to do with university degree work; the general bedside training is received in the wards of the Toronto General Hospital, special hospital training in other hospitals, and public health training with certain public health associations. The important distinction between this School and others is not that it is a university school for this fact is relatively unimportant to this discussion, or at least to this stage of the discussion. The distinctive feature of the school is that it is free to control its educational policies and to treat its pupils only as pupils. It has its own income. It is what is called throughout this paper an independent school.

There is one further fact which must be stated very clearly, namely, that this training course was started on behalf of public health nurses. I hope this does not appear to put it in a class by itself, cut off from the interests and affairs of schools for hospital nurses. Such an attitude is no longer tenable: indeed it is getting more and more difficult to keep these two trainings apart for they occupy so much common ground. At the moment it is enough for our argument that this new school must give to its pupils a thorough bedside training and meet all registration requirements: hence it has complete concern with every principle and procedure of basic training in nursing. It is in every sense a nursing

Let us return now to the *Curriculum* and to the suggestion that it provides for some very radical change in nursing school policies. What is the exact nature of its proposals? Unquestionably it is a demand for very great change in the organization and administration of nursing schools. Let the *Curriculum* speak for itself as follows:

(1) As long as the school of nursing remains economically dependent upon the hospital it is evident that there will be certain limitations to the accomplishment of the aims of nursing education.

(2) It is hoped that ultimately the support of nursing education will be recognized as a public responsibility and schools of nursing will become professional institutions maintained by public funds.

(3) . . . . under prevailing conditions of administration, hospital schools of nursing in Canada are handicapped in carrying out fully their educational programmes. . . .

(4) The primary difficulty in the successful administration of schools of nursing by hospitals is the lack of financial support.

(5) It is the general feeling that little can be done to strengthen and enrich the undergraduate course until the hours on duty for student nurses be reduced . .

(6) The educational value of ward experience depends upon . . . how well the ward is staffed with graduates who will carry the nursing service other than that selected for student education.

All of these quotations emphasize a changed relationship between the nursing school and the hospital. In truth the *Curriculum* speaks of a "transition period" during which many of these reforms might be carried out, saying that more radical change in the relationship of the school to the hospital could follow later; but it is evident that the entire plan for the training course as set forth in the *Curriculum* could not be put into effect in a hospital-administered school and that the transition period mentioned by the writers could see but limited application of it. Look at the picture that is drawn. Can you see the hospitals of Canada staffing their wards adequately with graduate nurses, and also maintaining nursing schools of the kind outlined here, in which there are teaching staffs and pupils of the kind proposed, in which the pupils work only eight hours a day for only six, or even five and a half, days a week, in which the suggested care of health and social conditions is given and in which the training course is the broad general training for hospital nursing and community nursing that is here proposed? Can anyone think of this as a possibility for even one hospital in this whole country!

It is evident that the *Curriculum* calls for a nursing school that is independent of the hospital. The hospitals have done a great deal to help with the development of nursing schools. Much of this is being done to-day with very real generosity. But hospitals cannot do the impossible, and slowly they are coming to realize that the nursing service of the hospital and the nursing school are two separate matters and the hospital cannot be responsible for both. We should not ask for that.

My contention (amply upheld by the *Curriculum*, I believe) is that an independent school of nursing makes absolute demand for the following five conditions:

Its administration would be free from hospital control.

It would have its own income, and thus be able to plan, and to pay for, an educational programme.

It would have a teaching field in hospital and community.

The hospital where the pupils practise would have a staff of graduate nurses to provide a stable background of nursing service so that the pupils would be free for placement at the wish of the school.

The pupils would pay some fees (or someone would pay on their behalf).

With these five strokes we draw the first outline of an independent school of nursing. The *Curriculum* continues (on pages 12 and 13) to fill in the picture a bit further by listing eleven points which have been emphasized by nurses throughout Canada for much-needed reform. A careful examination will show how much the fulfilment of these eleven demands must depend upon the conditions which have just been listed as essential characteristics of an independent school. Let us then push back again to those essential conditions and stay with them until we have extracted every ounce of their significance. After careful study, it would seem that they might be summed up in two statements, namely:

The school would be free; i.e. it would be independent financially and thus free from hospital administration.

The pupils would be free; i.e. they would bear a special relation to the work of the hospital and not be the first line of employees: the conditions of their practical work would be adjustable at all times.

Now that the essential nature of an independent nursing school has been defined with the added statement that

this seems to be what the *Curriculum* is demanding, we must turn back to the Canadian Nurses Association, that is to ourselves, and ask what we really want in this matter. Glancing back over the Association's activities of the immediate past we might think the answer was clear. For ten years we have been surveying, and studying, and recommending, with regard to our nursing schools. Everyone has seemed to agree that there was a fundamental confusion in the fact that the nursing school has had to play a dual rôle or, as the *Curriculum* puts it, "to fulfil two functions", namely, education and service. Everyone has seemed to agree that there could not be freedom of educational procedure while the hospital was paying for the school and using the pupils as employees. Everyone has seemed to agree that, in those circumstances, we could not protect both the pupil and the patient; that, indeed, we could not protect either one. To the credit of our group lies the fact that our concern has been quite as much for the neglected patient as for the neglected pupil. It seems to have been agreed that if money were forthcoming to finance adequate schools we would have them gladly.

Yet at the present we begin to find contradictions. The full desirability of the *Curriculum* proposals seems to be in question and certain arguments are being used which, whether intended so or not, are bulwarking the old system of hospital schools and which, if carried to their logical conclusion, would weaken the case for the independent school that the *Curriculum* seems to be proposing as an ultimate objective. It is hard to account exactly for this contradictory attitude but probably it is made up of many elements. There is a quite justifiable questioning as to whether any good thing would be lost through change; there are strong professional jealousies, in both the good and the bad senses of the word; there is the powerful appeal of the *status quo*, and so on. Thus the contradictory attitude may be explainable but it is none the less awkward for the sponsors of the *Curriculum* and for the sponsors of the new independent school of which I am speaking. It is difficult to approve the *Curriculum* if its principles are considered not safe for even one school.

So far we have been talking about the deeper implications of this *Curriculum*, of its apparent demand for an independent school of nursing, and of the attitude of our professional association to an independent school. We have been pressing the question of whether such an institution is wanted. Now it is time to turn to the other side of our topic and examine the new school which is said to be giving a demonstration of the methods that are set forth in the *Curriculum*. A combination of circumstances has brought to Toronto (temporarily) the necessary money for starting a school on this new and independent basis, and now it remains to be seen whether or not the demonstration that it can provide is to be of service to the Canadian Nurses Association.

In discussing this new school we must utter a warning. In trying to evaluate the work of any institution it is always exceedingly difficult to separate the results that are inherent in the system from those that are due to incidental factors. A good system can be badly crippled by imperfect handling. Doubtless this particular demonstration of this new system (*i.e.* the independent school) has been weakened by inadequate work at many points, while unnecessary mistakes have blurred the picture. We did not expect to avoid these mistakes, but we regret them all the more because they do blur the picture which it is our duty to outline before you with clarity.

I would not say, however, that the system of the school, *as a school,* is on trial. The basic educational principles and procedures which are being used have been fully tested and proven in the world of education, so there is nothing experimental there—neither is there anything original. It is the application of these principles to nursing schools that is being tested. We must find out if we really want independent schools or to what extent we want them. The fact that we have one school to make a demonstration of this kind should help us to count the cost, that is the financial cost and the professional cost.

It has been said already that certain arguments appear to be supporting the case for the old form of hospital school and, at the same time, to withhold favour from the independent school. There are at least three that touch upon very serious matters. Each should be examined and, in turn, we must see what experience the new school has had with regard to each one. The three are as follows:

1. There is the fear that the pupil in an independent school would feel detached from the hospital, indeed from the patients and from nursing. Curiously the idea seems to be that this pupil would have *no home school,* in fact that she would not belong to nursing but would remain an outsider. Our answer to that is that any worthy nursing school can provide the integrating force that will make one whole out of all the experience of the training course. It can give to its pupils the fullest sense of belonging to her patients and her profession. It claims the pupil's loyalty to nursing. What more is wanted!

2. There seems to be a foregone conclusion that the students in an independent school will feel, or will be held, less responsible for their patients than the students feel, or are held to be, when the hospital pays for the nursing school and uses the students as employees. This idea follows from certain misunderstandings which we hope to remove but there is so much confusion of argument on the mater that it is hard to disentagle it. While trying to get it clear let us turn to the *Curriculum.* We find that it does not seem to suggest that the student's feeling of responsibility for her patients depends at all upon the question of who pays for the nursing service: instead of that the *Curriculum* has a deep faith in the educational principle that learning comes from doing; that the nurse learns to accept responsibility for her patients by taking responsibility for her patients. It is the discussion on page 165 to which I am referring. The *Curriculum* is speaking there in favor of patient-assignment and says that, through this method, the student "gradually develops a personal interest in, and a complete responsibility for" the "physical and mental needs" of the patients. And yet this is just what we are trying to do in this new school for to some extent we are using this method of patient-assignment . I can give you no proof of either success or failure, but I can say that we believe that the Curriculum is correct and that, *other things being equal,* the student is an independent school can learn to feel the deepest sense of responsibility for her patients by experiencing this responsibility, with time to do good nursing and time to think about what good nursing really means. While upon this subject of teaching nurses to accept responsibility I could go further. There are many responsibilities which all pupil nurses should be learning to accept and which they are not experiencing in most schools. I would press the claim for more attention to these and later in this paper shall return to the subject briefly.

3. There is the fear that the controlled conditions and systematic teaching given in an independent school will tend to make the pupil selfish and weak and lacking in initiative. Conversely, it seems to be argued that the conditions of pressure and uncertainty of a hospital school, and particularly the long hours and the abnormal living conditions, and the frequent lack of clinical instruction all help to make the pupil unselfish and independent and resourceful and full of initiative. In spite of this feeling, this independent school has proposed that the following conditions be arranged:

(a) That the pupil be placed in the ward where she needs practice.

(b) That the length of stay be determined by the pupil's needs.

(c) That the hours on duty be determined by the pupil's need.

(d) That the particular ward experience be given at the time in the training period when it will serve the pupil's purpose.

(e) That as the pupil is in the wards to learn, systematic ward teaching be given both to those on day duty and those on night duty.

(f) That lectures and clinical experience in any subject should be co-ordinated.

We hope that all of these things may be done without making the student selfish or weak or dependent. The very act of nursing, if well done, makes demands for such a full expenditure of the nurse's self on behalf of the patient and the hospital, or the community, that there is no need to seek extraneous influences to promote unselfishness and independence and initiative and resourcefulness. All sick nursing, and all public health nursing, properly handled should do this for the pupils that are at work. This is a subject of vital importance to the whole future of nursing schools: in this brief and hurried apology I can pause but long enough to beg for an unbiased study of the matter.

Thus we have recounted three arguments that seem to prejudice our professional body in favour of the usual hospital school and to discredit the independent nursing school. The fact that the nursing group may be unconscious of this prejudice tends to make an effect none the less serious. There is no doubt in my mind that my selection of these particular matters for argument will cause surprise and question. Perhaps to the on-looker they seem very trivial. But experience is teaching us that they are of primary importance and that little progress will be made until we have dealt with them very fully. On the one hand, the essential character of the nurse is in question, and on the other, the most fundamental of educational principles. I can serve you best by bringing to you the experience in these matters of our new school. Now I leave the matter to your judgment.

There is much more information concerning this school which might now be added. Doubtless you would be interested in the costs, the enrolment, the graduates, the working conditions, the detail of curriculum and so on. But there is no time for any of these. There are a number of things, however, that must yet be added. One of these is the matter of acknowledgment to the hospital nursing schools and the public health nursing services with which the school is affiliated. Through the years when the school has been the greatest trial to others there has been very much of gracious hospitality and very real kindness, and an opening has been made for the pupils of the school to practise nursing both in the hospital and in the community. There is one condition of the school which is not desirable in that it has not a hospital to which, to use a

popular phrase, "it belongs." Probably every nursing school should be the one school associated very closely with one hospital to the extent that the two feel that they belong to each other. However, though it lacks this hospital of "its own", the Toronto General has opened its doors to the school and thus has made the beginning possible and for all that has been done the new school is very grateful. Very real kindness and co-operation have been given also by the Hospital for Sick Children, the Isolation Hospital, the Psychiatric Hospital, the Women's College Hospital, the Tuberculosis Hospital at Weston, the Toronto and the Ontario Health Departments, the St. Elizabeth Nurses, the Victorian Order and the Ontario Red Cross, as well as by various social organizations. The hospitals cannot change their systems to meet the need of this school but much adapting has been done, and to quite a large extent the principles of an independent school have been tested.

There is one extremely difficult side to this pioneer effort and that is that at present it has to be carried on at what appears to be an abnormal cost to the student, a cost that should be lowered when the hospital can make even a very small allowance to the school for service received, and lowered still more when larger classes can be enrolled by the school. It is very difficult to explain this cost to the parents and we are continually amazed at the fact that any will pay it, and even make sacrifice to pay it, as many of the parents of our students are doing. We believe that the student is getting value in protected health of mind and body, and in educational benefits of great significance, but it is very hard to explain these things to lay people. These facts give the school a very great sense of responsibility for giving to the pupil all of that for which she is paying. This matter of payment is one of grave concern to the school and one that must be spoken of because there is not a proper understanding of it. There is a fear that students who pay their way may be snobbish, but we have not found them so: nor is it snobbish on the part of parents to expect to get that for which they pay and to ask for explanations when it is not forthcoming. We must remember that the *Curriculum* says that lack of money is a primary difficulty in the hospital school!

Although it means a digression, may I return now to the earlier statement that graduate nurses in general are not prepared adequately to meet the responsibilities that await them. There is reason to think that they should be decidedly more mature and experienced than they are before going forth to independent practice. A great advance could be made if we would add a fourth year to the nurse's preparation and this could be done in a fashion that would be of benefit to the pupil and to all others that are concerned. Could we let all formal school work finish at the end of three years, but require the nurse to work a fourth year—either in the hospital or the community—upon a small salary and thus provide continued practice under supervision for her during this additional year. You know that this system is used in some English schools.

In bringing this paper to a close may we sum up the argument. We have claimed that the full suggestions for a general training as proposed by the *Curriculum* could be carried out only in a school that is free from hospital responsibilities; we have said that it is this freedom from hospital control that makes a school an independent school; and we have given you the brief experience of one independent school on certain matters that are of primary importance, hoping to enlist throughout Canada a lively sympathy, not a kind and

polite but detached interest. Now the professional association must decide which kind or kinds, of school it really wants in order that it may direct its work accordingly. Is it the old apprenticeship system that is preferred or the general training that this *Curriculum* proposes? Or should we hold mainly to the old, while giving careful trial to the new in certain demonstration schools. Where we choose the hospital apprenticeship, we should be sincere, and honest in accepting it, do the best we can with it, but not attempt the impossible. Some very foolish and wrong things have been done in the effort to satisfy, at one and the same time, the expanding service needs and the expanding educational needs of hospital nursing, and to do all of this with the minds and bodies of young girls of nineteen years of age.

The hospital schools are here and, for a time at least, we must continue with them. In reforms we would counsel moderation and restraint. I am not arguing for a sudden upheaval and change to independent schools. I am only asking for an open-minded and unprejudiced interest in *one* independent school, and I am supporting the request by making the claim that this independent school is only putting into practice the proposals of the *Curriculum*.

Economic Security for Nurses

A. Gordon Nairn

Field Supervisor, The Life Underwriters Association of Canada

In the life insurance business for a great number of years the majority of people who purchased life insurance contracts were of the opinion that they had to die to win and that the main function of life insurance was to protect their dependents in the event of their premature death. Naturally that is still one of the main functions of the life insurance business, but to-day the public are realizing that the problem of living too long is just as serious as the problem of dying too soon. Actuaries will tell you that 70 out of every 100 people at age 35 will live to age 60 and that 65 out of every 100 at age 35 will live to age 65. Financial solvency in old age is a very real problem confronting both the individual and the state.

As to how successful individuals have been in creating for themselves financial independence in their later years is open to question. As recently as 1929, the State of New York sent trained investigators throughout the whole State to learn from men who were 65 years of age or older exactly what their financial experience in life had been and as to their present financial status. These investigators talked to men at work, to men at home, to poor men, to rich men, men on farms, men at city desks, and when the investigation was finished, they pooled the figures and from this

great old age melting pot came the following report: Of every 100 men, age 65 years or older, only 5 had independent incomes large enough to enable them to retire in decent comfort; 28 had to continue to work for a living; 67 were dependent either upon public charity or the kindness of former employers and family friends. If such a survey had been made in so far as older women were concerned, possibly a somewhat more favorable picture might have been found but in the main it would not have differed very much from the one I have just presented. I have cited these facts to show that although people are cognizant of the problem, they are in the main unable to surmount it through the ordinary avenues of saving. That is why the life insurance business is assisting individuals in offering plans that they can follow step by step, and know that if these plans are followed through to maturity there will be no question as to their future solvency.

Broadly speaking, your problem as individuals should be broken down into two main categories, first the case where you may have others depending upon your earning an income, and second the case where your only concern is in creating a pension fund for your own retirement. In the first case the life insurance business is the only business constituted to take care of this situation so that if your present income is terminated by your death, your dependents may have this income or a portion of it continued to them for as long as they may require it after your death.

In making provision for these dependents now through life insurance, you can at the same time build for yourselves a pension fund. As to what type of policy you should buy to make provision for both your dependents and your own retirement must be determined by the amount required for your dependents and the amount of savings you desire to accumulate for retirement purposes, keeping in mind your ability to pay for such policy. For instance, the only difference (from the point of view of accumulating a pension fund) between a $1,000. ordinary life policy and a $1,000. endowment policy, maturing at age 65, lies in the amount of money you will accumulate, on the first plan, at age 65, as compared with the greater amount you will have accumulated on the second plan at the same age. In both cases the protection to your dependents will be the same. If your dependent need is not great, and you desire as large a retirement income as possible, you will be more interested in buying the latter type of policy, at a higher premium rate than the former. In every case the decision should be arrived at after consideration of the individual circumstances.

So far as the second situation is concerned, namely where you as an individual do not have anyone dependent upon your present income, your problem can best be solved by the purchase of a pension bond, or, as it is sometimes called, a deferred annuity contract, which does not contain any life insurance protection but concerns itself only with the accumulation of a fund which can be used to supply you with either an income or a lump sum of money when the time arrives for you to retire. A pension policy, which does not contain any life insurance indemnity in the event of death, after it has been in force some few years does provide a sum of money, (the accumulated premiums with interest) to take care of last illness expenses, so that no one has to suffer financial loss thereby.

I believe it is important for you to study from various angles any plan which an individual may desire to use in creating a pension fund. Not only must we have a plan which guarantees benefits

and which will not be affected by economic conditions or investment losses, but we must also have a plan which has in it the element of voluntary compulsion. The reason why so few individuals are independent when they arrive at the age of 65 is not so much because these individuals had not been earning fair incomes during their period of active employment, nor that they did not endeavour to save a portion of this income during such period, but rather because they did not carry these savings projects through to maturity. One of the most worthwhile features of the life insurance contract is the fact that through a system of premium notices and service calls by agents, the policyholder is assisted in carrying through his or her plan to maturity.

One of the exigencies of life is the emergency situation when there is dire necessity for immediate money. Every contract sold by life insurance companies, with the exception of a term policy, after the policy has been in force for some few years, does provide such emergency fund. For instance, an individual may become suddenly ill and need immediate funds to repair his or her health so that they can in time continue to work and so earn an income enabling them to resume their savings project. Every life insurance company operating in Canada can add a clause to any contract they offer which provides that if an individual becomes permanently disabled the company will then pay all future premiums on the contract when they fall due. This is known as a waiver of premium provision.

The emergency fund contained in a life insurance contract is also of particular interest to single women who, while making provision for their future old age dependency, may naturally presume that their whole status may change through marriage. In such event the life insurance plan gives them a great degree of flexibility. They can either continue the plan, or have their husbands continue it, through to maturity so that they will have an independent income in later years, or they may take the accumulated savings and use them in whatever manner they desire.

Finally, there is another angle from which a savings plan should be studied. Let us assume that the plan has been followed through to maturity and the time arrives when the individual is in need of the accumulated savings. Such plan should then have flexibility in the use that may be made of these savings, just as the plan should have flexibility in the intervening years when emergency situations may arise. Should not the individual be in a position to either take this accumulated savings in the form of income, with or without a guaranteed period of payment, or have the right to take a lump settlement in cash? Not very long ago I was discussing this situation with the general manager of one of the life insurance companies doing business in Canada and he told me that an increasing number of these pension policies and endowments were maturing with his company and that it had been ascertained that 50% of the holders of such contracts when they reached age 65 were in a state of impaired health and consequently had a reduced chance of living the expected span of life for people of their age. It is apparent therefore that there is real value in being able to choose a life income or a sum of money, according to the need of each individual when such individual attains retirement age. It would appear wiser when an individual purchases a deferred annuity contract at say age 25 or 30 that such individual be not compelled to make an irrevocable decision at that time as to how the annuity will be paid at retirement, whether

in income form or by way of a lump sum payment, but be permitted to make a decision at retirement when the exact situation is apparent. Life insurance contracts are the only contracts which provide such flexibility.

In summing up, may I repeat that the type of contract an individual such as a nurse should purchase depends first of all on whether such individual must provide for people dependent upon her income or has no such need but is only faced with a pension problem for her own old age. Every savings plan should be studied from the point of view as to whether there is sufficient voluntary compulsion to ensure the completion of the plan, whether there is sufficient flexibility in the carrying through of the plan to meet emergency situations, and finally whether on the consummation of the plan there is sufficient flexibility to properly take care of the situation.

More and more people in all walks of life, labourers, farmers, professional men and women are daily finding that the life insurance companies can offer them plans whereby they can, with complete confidence, face every problem of life without fear in the realization that these plans are not only safe, but sufficiently flexible to enable them to do the things they want to do for their dependents or for themselves.

Canadian Government Annuities

J. L. MERCIER
District Representative, Halifax

Although the Act was passed some thirty years ago, it is only in recent years that the public has really begun to take advantage of Government Annuities as a means of making provision for old age. As some of you may not be familiar with just what a Canadian Government Annuity really is, let me explain that it is a fixed yearly income paid by the Government of Canada for life. You may purchase these annuities in the same way as you deposit your money in the savings bank during the productive years of your life. The premium payments may be made through the money order wicket of any post-office. Payment of the annuity ordinarily commences when your earning powers have departed because of old age, and continues as long as you live. The security of the whole Dominion is back of your purchase; it is free from Dominion Government taxation; it is not tranferable; it cannot be lost or stolen; it cannot be forfeited; it cannot be seized or levied upon by any law or court; no medical examination is required.

Most persons make ample provision by means of life insurance to take care of any contingency arising in the event of death, but the great majority of people do not realize that there is a possibility of their living to a very advanced age and unless they make provision for that time they may find themselves without means of support when they are no longerable to help themselves. Out of every hundred Canadians starting into life at the age of twenty-five, eight are dead, twenty are well-to-do, sixty-six are living on their earnings, and six are not self-supporting at the age of thirty-five a period of only ten years. The dead and non-self-supporting increase in about equal percentages until at the age of sixty-five we find forty-four are dead, five are

well-to-do, five are living on their earnings and forty-six are non-self-supporting. Out of every hundred who buoyantly set out at twenty-five, forty years later finds ninety percent dead or dependent on some one else for their living. I am not talking blue ruin, and I am sure you women who do various forms of social service work know more about the seamy side of life than I do. Human nature is weak, and good resolutions to set aside regularly a portion of one's earnings are seldom carried out. Even if considerable saving has been made, the temptation of luxury or unwise speculation may nullify the savings of years.

There are two classes of annuities: deferred annuities and immediate annuities. The deferred annuity may be purchased on the ordinary life basis, that is, to cease with death, or it may be guaranteed for a period of years—ten, fifteen, or twenty. By making an annual payment of $146.00 a woman aged 30 could purchase a deferred annuity of $600.00 on the guaranteed ten-year plan, to begin at the age of 60. You can even start in a small way and build up gradually. An annuity of $300.00 would cost half the amount and payment could be arranged on a basis of $6.00 per month. You are not bound to make regular payments and may pay as much or as little as you like. If death should occur before the death of maturity of the contract, all premium payments made would be returned to the estate with 4 per cent compound interest added. If death occurs after the annuity begins, and within ten years, the annuity is paid to the estate for the balance of the guaranteed period.

The disposition of the annuity can be controlled by will. Every person should make a will; in many cases it saves a lot of heart aches and litigation. The total amount paid for the annuity in question is $4381.00, and the least possible return for that investment is $6000.00. This protects the investment at least 4 per cent. Of course the annuitant would continue to receive her annuity even if she lived to be a hundred.

The deferred annuity may also be purchased by making a single cash payment. The purchase money is paid in a lump sum, the annuity to start at a later date. If, for example, a woman aged 50 invested $1,000.00 and deferred her annuity until the age of 60 she would receive an annuity of $105.00; an investment of $5,000.00 would buy an annuity of $525.00. The annual premium payments may be divided into half-yearly, quarterly, or monthly payments without additional cost. If for any reason the payments are interrupted there is no penalty, the payments may be made up later, and if not, on maturity of the contract, a proportionate amount of the annuity would be paid. If a decision were made to purchase on the age of 60 basis, it does not necessarily mean that the annuitant must wait until that age to start drawing her annuity, it can be matured at any time, a proportionate amount being paid.

The immediate annuity is paid for in a lump sum and the annuity commences immediately. If a woman aged 55 invested $1,000.00 she would receive an immediate annuity of $67.80. An investment of $10,000.00 would buy her an annuity of $678.00. This gives a return of 6.7 per cent, and a definite income for life. The elasticity of the contract should appeal to nurses. The arduous nature of your work often makes it necessary for you to have periods of rest, in many cases without remuneration, also there is the question of contnued employment.

Full information and booklets may be obtained by writing to the Superintendent of Government Annuities, Ottawa.

Pension Plans in other Countries

KATHLEEN W. ELLIS
Secretary-treasurer and Registrar, Saskatchewan Registered Nurses Association

It has been said that while nurses are not generally protected by their employers nor by special act, they have in their associations, organizations which may help them to create their own security. A résumé of pension schemes for nurses in other countries will show to what extent associations have succeeded in using this organization for the future protection of their members.

In considering pension schemes and insurance for nurses, among other factors it should be borne in mind that these plans may be of at least three varieties: (1) Provision made by the State for wage-earners in general, in which nurses are included. Such provision may be subject to a variety of regulations, including protection on a contributory basis involving employer and employee. These schemes do not take into consideration the individual worker or private duty nurse. (2) Pension or insurance covering special groups, such as nurses in English Poor Law Infirmaries who come under the Poor Law Officers Superannuation Act, or nurses in government employ. (3) Pension plans developed exclusively for nurses either by a government by special act, as in Sweden, or by professional associations sponsoring some plan, as the superannuation fund of the South African Trained Nurses Association, or the Harmon Plan for the protection of nurses, endorsed by three national organizations in the United States. It is with the latter type of insurance that this discussion is concerned.

On the advice of the Secretary of the International Council of Nurses, twenty-five countries were directly approached with requests for information. Replies have not been received from all, so the following cannot be regarded as a complete summary.

Great Britain: Nurses in England are now protected under four different acts. Two of these are applicable to them as wage-earners, if working in special groups. Under the Health Insurance Act of 1909, any English nurse having an insurance card stamped for five years before she reaches the age of sixty-five can claim a life pension of ten shillings a week. The insufficiency of this pension has led to schemes for supplementing it.

Great Britain reports that the Royal British Pension Fund for Nurses, which has now about three thousand pensioners, was started in London in 1887. It is stated that while this represents the earliest efforts made anywhere to meet this need, various other means have since been devised in England and other countries.

In England, in 1930, an unknown benefactor presented the sum of one hundred thousand pounds to form a nucleus of a fund to provide pensions and grants for district nurses.

The South African Nurses' Association: states that all nurses directly in government employ come under the State pensions. As very nearly all private duty nurses fall outside these, the Superannuation Fund of the South African Trained Nurses Association was established in 1930 and takes into consideration the private duty nurses and midwives. It makes provision for old age

and against untimely death. The scheme is open to all duly accredited members of the South African Trained Nurses Association who wish to join it, and who may participate in the following benefits:

A cash sum or annuity payable to the nurse at superannuation age.

A cash sum payable to the nurse's estate in event of death prior to superannuation age.

A welfare fund.

This superannuation scheme is endorsed by the South African Trained Nurses Association. The underwriter is the Colonial Mutual Life Assurance Society, whose standing is recognized as sound.

Applications are made to the secretary of the Local Branch of the South African Trained Nurses Association. Payments go through similar channels. The individual nurse is privileged to fix her own superannuation age and the amount that is to be paid over a period of years is fixed, the amount of the annuity being governed by these. All payments are made in advance, but yearly, half-yearly, quarterly or monthly, as the contributor desires.

Three trustees are appointed in each branch of the Nurses Association. The interests of the members are further safeguarded by supervision at Headquarters whereby all contributions and payments are checked by the general treasurer of the Association. Special provision is made for transfer or discontinuance of membership in the fund. The latter automatically takes place if the nurse resigns from the Association.

The working of the scheme is described as a simple one. It is popular because no individual contract can bear the full benefits obtainable under group contract. It differs from other superannuation schemes as it allows:

A nurse may fix her own superannuation age, and her contribution, entirely at her own discretion instead of being subject to a definite scale laid down by an outside authority.

The utmost flexibility of employment is permitted. Contributors may be transferred from one institution or organization to another. A nurse may take up private work or even give up nursing altogether, without sacrificing her benefits under the scheme, although a cash surrender value is not available until after 3¼ years' contributions have been paid.

Many nurses may join as contributors who by reason of age or other disability could not be accepted under any other insurance scheme.

The South African Trained Nurses Association did not wait for a donation of fifty thousand dollars or a gift of one hundred thousand pounds before initiating the scheme. Unlike the Harmon Plan for nurses in America or the Royal British Pension Fund for Nurses, no mention is made of a donation having been received from outside sources. On the contrary, it is stated that a capital amount is steadily accumulating and is being invested in gilt-edge securities and that this can only be disposed of by the vote of contributing members. The Superannuation Fund was initiated in July, 1930, and has since been adopted by every branch of the South African Trained Nurses Association. An interesting feature of this plan is the inclusion of a Welfare Fund which is built up by a return of 5% of the total contributions paid to the Underwriter's Society and is used at the discretion of the Branch Trustees to assist nurses who by reason of disability or unemployment are temporarily unable to pay their contributions.

Germany: In addition to state regulations which require each nurse in Germany to be assured in the Angestelltenversicherung, many of the nursing groups in Germany have a special pen-

sion fund for nurses. Among these are the Red Cross and the Deaconesses. The "Pensionskass der Freien Wohlfahrtspflege" (Pension Bank of Free Welfare) is founded specially for the benefit of nurses and workers in common welfare. It is a Mutual Benefit Association supported as a mission by the German Evangelical Church, the German Red Cross Society and the German Welfare Society.

It is a supplementary pension to add to the compulsory government pension, which is small. Persons so desiring may join this mutual benefit association, paying a membership fee of five marks ($2.05) and making monthly contributions of various amounts depending upon the age of the member. Membership is possible at any age but contributions are lower with the younger ones. Pensions are paid at the age of sixty, or earlier if the person is disabled or unable to work. Dependents are paid on a percentage basis, payment for children being made up to the age of eighteen.

The Danish Nurses Council Pension Fund: makes provision by which nurses in employment not benefiting by the superannuation schemes, or nurses wishing to add to their pensions, may secure adequate pension, commensurate with their ability to earn. The Old Age Pension for Danish Nurses was established in 1911. The object of this fund is to afford members facilities for saving for their old age, by a small monthly deposit. In case of older nurses not receiving any allowance from any employer, the pension fund is subsidized by the state.

While details of the administration of this fund are not given, it is stated that the Old Age Fund pays a much higher rate of interest than that paid by banks and similar organizations. The directors of this fund also administer several charitable bequests, the interest on which is distributed annually to necessitous nurses.

The Swiss Union of Nurses has made regulations regarding protection in case of illness and an old age insurance for nurses in Switzerland which is described as follows:

Members of the Swiss Union for Nurses are compelled to join an insurance company approved by the Federal Government. All insurance agencies in Switzerland licensed by the government have to meet certain requirements. The choice of coverage dealing with sick benefit, drugs, etc., is left to the discretion of the individual member. Since 1935 it has also been made compulsory for all members of the Swiss Union of Nurses under thirty years of age, and new members, to take out an old age insurance policy.

The president of the Swiss Union of Nurses comments that while this plan has not been in operation long enough to foretell its effectiveness, indications are that the various insurance associations are taking great care to adjust to the special problems and requirements of nurses as they arise.

In two countries, namely, Sweden and Cuba, while the State provides for all or certain groups, it does so under special laws providing for the pension of nurses.

Sweden: It is reported that the law provides for all except private duty nurses or nurses in special hospitals. The following conditions are those under which the Act is effective.

The nurse must be a qualified nurse, engaged in active nursing, and working under the direction of a doctor in an institution owned by a foundation. She must be receiving a salary of not less than 1500 Swedish kroner ($389.55) per year, everything found, and must have one month holiday each year.

All these conditions must be approved by the Medical Board in each case.

The employer and employee participate in the scheme on a contributory basis. An employer must include either all or none of his nurses in this plan.

At the age of fifty-five a pension is paid to every nurse provided she has given twenty-five years of service. Failing this she receives a smaller sum in proportion to the duration of service. Full pension amounts to 1848 Swedish kroner ($479.93). The local authorities often add an extra pension.

It is stated that of the eight thousand nurses registered in Sweden about sixty-three hundred are participants in the above plan and that five hundred nurses are drawing pension from the State which amounts to about 60% of their salary.

Latvia: The Pensions Act of July, 1931, includes nurses in Latvia among other workers, but gives them, in certain directions, special privileges.

In France, Bulgaria and Roumania, and several other countries it is stated that the nurses are cared for under State insurance. In most instances this only covers special groups. In France it is reported that nothing much has been planned for nurses working in private clinics, or engaged in private practice, but they contribute to the Social Insurance Plan and at sixty are allowed a pension not exceeding 6500 francs ($185.25), if contributions have been paid regularly.

United States: Coming nearer home we find a comprehensive plan sponsored by the American Nurses Association, and one in which not a few Canadian nurses are participants. It is known as the Harmon Association for the Advancement of Nurses, Inc. It is a non-profit membership co-operative organization, incorporated December 31, 1926, under the Membership Corporation Law of New York. A gift of fifty thousand dollars made the initial undertaking possible. Nursing leaders assisted in the establishment of the Association and serve on its board of directors. A special committee of experts in the nursing profession spent two years in studying the plan and adjusting the system to the special needs of nurses.

The Harmon Plan is endorsed by three national nursing associations—the American Nurses Association, the National League of Nursing Education, and the National Organization for Public Health Nursing in the United States. Its purpose is to help nurses to safeguard their old age and provide for sickness and accident. Any registered nurse may join the Harmon Association provided her attained age nearest birthday is under sixty-five. The Association administers the plan, or plans, through trustees who serve without pay and who help to safeguard the nurses' interest by constant supervision. The plans as they are now developed are:

Group retirement annuities purchased by the Association by contract and met by monthly payments made to the Association and transferred by it to the Metropolitan Life Insurance Company which in turn guarantees the annuity incomes purchased and pays them in monthly instalments from retirement to the end of the nurse's life, or to the beneficiary in case of death before the payments are begun. The plan includes adjustments for cash surrender, inability to continue payments, etc. Without going into details regarding rates, the financial benefit to the individual participating in this special group plan for nurses is apparent.

Since July 1, 1936, group sickness and accident insurance indemnity policy is also available for any registered nurse who is a member of the Harmon Association making payments and who meets certain other requirements usually included in such coverage. By contract with the Continental Casualty Company of Chicago, the Harmon Association makes it possible for those par-

ticipating in these benefits to protect their retirement funds against loss of earning through disability.

As already stated, this review deals principally with special pension schemes for nurses. A closer study gives rather convincing evidence that only specially planned pension schemes take into consideration the independent contractor or private duty nurse, her needs and the circumstances under which she carries on her life's work. Indeed, except for members of industrial and other groups, nurses are often quite definitely exempt from participation in any plan for social security, or are placed outside the terms of such an Act. Therefore, for many members of the nursing profession, protection—except from actual destitution—remains, in many countries, including our own, a matter for personal planning. In such planning nurses are handicapped, because *no* individual arrangement can bear the full benefits and include the privileges obtainable under group contract drawn up to meet special conditions and requirements.

The South African Trained Nurses Association states that the Association was instituted for the purpose of co-operation, mutual assistance and advice, and that the superannuation fund has proved a means of carrying this on. Any organization composed of members of all ages and of varying experiences is faced with the problem of securing a continuing and common interest. Besides other obvious benefits, may not one answer to this problem be found in the establishment of such a fund?

It is also suggested that the existence of a distributing agency may be welcomed by those, who, like Mr. Harmon, wish to express—in a lesser degree—a continued interest in the welfare of our profession. Possibly the replica of the "unknown benefactor" who so substantially aided the health nurses in England is lurking in our own Dominion, awaiting just such an opportunity to invest in future security for nurses in Canada.

In discussing the important problem of economic security for nurses, someone has said that so many plans have now been devised to meet them, that the problems of disability and superannuation among nurses have been more or less effectively dealt with. One wonders if, in this country, we must not still admit *less effectively*.

However, Canadian nurses are enterprising even if their movements are tempered with caution. The time seems to have arrived when something should be done. What that something will be should only be determined after most careful study of plans in other countries, and of conditions and possibilities in this. These few remarks have but touched the surface that covers underlying possibilities. It remains for the nurses in this Dominion to interpret their significance for *us*.

The C.N.A. and Pensions

JEAN S. WILSON
Executive Secretary, The Canadian Nurses Association

The situation with respect to the membership of the Canadian Nurses Association differs widely from that which exists in other organizations where pension plans are commonly in operation. The ordinary relationship is that of employer to employee, as exemplified in government and civic services, teaching staffs, and numerous railway and industrial undertakings. In all such instances the pension plans are part of the conditions of employment. No exceptions are permitted within the classes to which they apply and continuity of employment is generally assured, so that the employer is in a position to see that the contributions of members are made regularly and continuously. On the other hand, the employer in nearly all such cases is himself a large contributor to the fund, frequently assuming up to one-half of the total cost, besides absorbing clerical and other servicing expenses, and thus the financial obligation resting upon the individual member is materially lightened.

No such employer-employee relationship exists, however, between the Canadian Nurses Association and its membership. The Association is not an employing body and has no direct control over either the continuity of employment or the incomes of its members, so that it is not in a position to control the regularity of contributions. Nor has the Association the surplus funds or endowment to permit of its bearing a share of the cost, as is customary in nearly all regularly constituted pension schemes. The entire cost of providing pensions, therefore, would fall upon the members themselves.

If under these circumstances a system of retiring allowances for nurses should be inaugurated, it would be necessary to assume that the entire financial responsibility must be borne by the nurses themselves and that the only practicable courses available would be the following:

(a) By the establishment of a self-sustaining pension fund under the auspices of the Canadian Nurses Association, or other administrative body formed for the purpose;

or

(b) By the individual nurses purchasing pension rights (retirement annuities) from the Dominion Government, or from the regular life insurance companies.

In either case, it is assumed that the Canadian Nurses Association would undertake to co-operate by rendering administrative and executive assistance if satisfied that the incidental expense would not prove too onerous.

With regard to the first proposition, that is the establishment of self-sustaining pension fund under the auspices of the Canadian Nurses Association, or other administrative body formed for the purpose of setting up a separate pension fund, it would be necessary to adopt a set of by-laws specifying: (1) the contributions to be made; (2) the benefits to be granted; (3) general administrative rules; (4) procedure under various circumstances.

Probably a Dominion license, under the Fraternal Society section of the Insurance Act, would be required. In that case the by-laws and the rates of contribution, certified by an actuary, would have to be approved by the authorities. It is also to be noted that membership in the pension fund would of necessity be on a voluntary basis; that is, participation would be optional on the part of any nurse, her decision being influenced by her ability to maintain the payments

or by other personal considerations.

Discussing this alternative further, it should be borne in mind that the success of any such scheme would depend largely upon conditions of employment among nurses. If, on the average, employment continued to be irregular, or if the ratio of unemployment should prove to be high, the operation of the pension fund could not be satisfactory. In other words, any individual nurse who joins the fund should feel reasonably assured of being able to maintain her payments throughout, and if there should be any doubt on this score on the part of any considerable proportion of nurses, then obviously the main purpose of the plan would be seriously affected. Another consideration would have to do with size. A pension fund cannot function safely with a very limited membership—there must be at least a sufficient number of active members to produce an average experience and prevent the wide fluctuations which would otherwise occur.

On the administrative side, special arrangements would require to be made for collecton of contrbutions. Membership in the Canadian Nurses Association is scattered throughout the country and, participation in the pension fund being voluntary, the collection system and the accounting and other records necessary for purposes of the fund would have to be given special attention. The duty of investing the fund must be mentioned, as this would be a matter of great importance.

The total case for establishment of a staff pension fund rests on two main considerations, namely (1) that it can earn a net rate of interest higher than, or at least equal to, the rate earned by life insurance companies, or the rate assumed by the Dominion Government in computing its deferred annuity premiums; (2) that it can be administered more economically than through any other agency.

Other considerations, of course, would be the expectation of a favourable annuity experience (that is, a less-than-normal longevity among pensioners) and the fostering of a spirit of self help in a group of persons who are prepared to make the necessary sacrifices.

Turning now to the second proposition, that is the plan whereby individual nurses might purchase pension rights (retirement annuities) from the Dominion Government or from the regular life insurance companies—if for any or all of the foregoing reasons the problems of operating the pension fund under the conditions stated are deemed insurmountable, the alternative would be to facilitate the purchase of deferred annuities by such individual members of the Association as could afford the required outlay, using for that purpose the facilities of the Dominion Government or of the life insurance companies. The Government rates now in force are somewhat more favourable than those of the companies, but on the other hand the contracts of the companies are generally more flexible and allow certain privileges which the Government contracts do not provide.

If the Canadian Nurses Association could see its way to furnishing information to its members with respect to the purchase of deferred annuities and undertake to act as intermediary on their behalf by facilitating collections, transmitting funds, and otherwise assisting its members in ways not involving the assumption of any financial liability, then it would seem that this is the utmost extent to which the Association could go in the matter. At any rate, it is essential that all of the considerations referred to above, and doubtless many more, must be carefully considered before any definite steps are taken.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

While the majority of reports from the General Meeting of the Canadian Nurses Association are published in this issue of the *Journal*, reference is herewith made to several which do not appear elsewhere.

The National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association which, in 1936, it was decided should be continued for another biennial period, recommended that, as the special work for which the Committee was organized has been completed and as no further need was apparent for joint action, the Committee should be disbanded with the proviso that if the need for joint action should arise another committee could be appointed. As the Canadian Medical Association in annual meeting in June, 1938, had approved the recommendation, the Canadian Nurses Association took similar action while in Halifax, thereby completing the necessary procedure by which the Committee was disbanded.

As funds belonging to the National Joint Study Committee were the joint possession of the two Associations and as there was a bank balance of one thousand dollars to the credit of the Committee, the Canadian Medical Association, when indicating approval of the disbanding of the Committee, most considerately and generously relinquished all claim to this balance in favour of the Canadian Nurses Association.

The Committee on Curriculum for Nurses-in-Training in Mental Hospitals reported inactivity for the biennial period, however it was decided that in view of continued study and application of the *Proposed Curriculum for Schools of Nursing in Canada*, this Committee should be retained for 1938-40.

The Committee on Community Nursing Service Bureaux submitted a progress report the major content of which was announced in these Notes in February 1938 (pages 93-96). Since the publication of that announcement, upon recommendation by the Saskatchewan Registered Nurses Association, the city of Moose Jaw has been selected as an experimental centre by the Joint Advisory Committee on Community Nursing Service Bureaux of the Victorian Order of Nurses for Canada and the Canadian Nurses Association. At the request of the Joint Advisory Committee, the former organisation loaned a supervisor to organise the resources of Moose Jaw toward the establishment of a community nursing service bureau. While it was hoped that definite progress could be reported to the General Meeting, the whole matter yet awaits the successful outcome of this supervisor's efforts. The report expressed appreciation of the splendid support of all members of the Committee, particularly those resident in Ontario, who had carried the heavy end of the burden, and of the sympathetic, interested and helpful action of members of the Victorian Order of Nurses, especially the Chief Superintendent and the Nursing Advisory Committee. With such support anticipation of an interesting and successful experiment is justified.

The report from the *Canadian Florence Nightingale Memorial Committee* was presented to the General Meeting. The content of the report referred to activities which have been published previously in the *Journal*. The Committee, which was inaugurated in July 1936, to meet the policy of organisation outlined in the Trust Deed of the Florence Nightingale International Foundation, consists of three representatives appointed by the Canadian Red Cross Society and four by the Canadian Nurses Association. The duties of the Committee are:

(1) To interpret the objects of the Florence Nightingale International Foundation to the Canadian Red Cross Society and the Canadian Nurses Association and to further the aims and objects of the Foundation in every possible way. (2) To make recommendations to the Foundation on matters of policy which may be considered by the Canadian Florence Nightingale Memorial Committee to affect the purposes of the Foundation, with particular relation to educational progress. (3) The Committee shall be responsible for raising funds for scholarships and the permanent endowment of the Florence Nightingale International Foundation.

A paper on the financial aspects of the Foundation by Miss Jean I. Gunn is published elsewhere in this issue of the *Journal*. The Canadian Nurses Association in recent General Meeting renewed its pledge of financial support to the Foundation for a further period of four years, i.e., an annual scholarship fund of £250 and a similar amount as an annual donation to the Endowment Fund.

The Canadian Nurses Association secured a limited quantity of copies of the Florence Nightingale Oration by Sir George Newman, as delivered before the International Council of Nurses during the Congress in 1937. Single copies of the Oration can be secured at ten cents each, or lots of 12 copies for one dollar. Orders, with remittance for payment, should be sent as soon as possible to the National Office, Canadian Nurses Association, 1411 Crescent Street, Montreal.

Resolutions

Resolved:

1. That the invitation from the Alberta Association of Registered Nurses to hold the General Meeting of 1940 in Banff, Alberta, be accepted.

2. That the incoming Executive Committee be asked to consider the question of having the Canadian Nurses Association incorporated and to submit a report of it's findings to the General Meeting 1940.

3. Whereas the funds of the Canadian Nurses Association now permit of further promotion of the Association's professional programme, it is desirable that more direct contact should be made between the Canadian Nurses Association and the nine Provincial Associations of Registered Nurses, be it resolved, That such promotion be effected by attendance of the Association's officers (President, other officers or committee conveners) and the Association's officials at provincial meetings. The approval of the Executive Committee is to be secured for each invitation issued to these officers and officials.

4. That the Brief History of the Canadian Nurses Association 1908-1924 be brought up to date.

5. That the question of a History of Nursing in Canada be reopened and the appointment of a committee to study this question be left to the Executive Committee.

6. Whereas the work of compiling the *Proposed Curriculum for Schools of Nursing in Canada* has been a national project and, whereas the personnel of

the Curriculum Committee has been composed of members of the three Sections of the Canadian Nurses Association, therefore, be it resolved, that the Curriculum Committee of the Nursing Education Section become the National Committee on Education of the Canadian Nurses Association, and, that the subcommittee of the Curriculum Committee, known as the Committee on Records and convened by Miss Gertrude M. Bennett, continue to function as a subcommittee of the National Committee on Education.

7. That the National Committee on Education be a special committee of the Canadian Nurses Association for the next two-year period, during which time consideration will be given to the advisability of making it a standing committee.

8. Whereas the present long hours of service rendered by student nurses seriously interfere with the implementing of the recommendations of the *Proposed Curriculum for Schools of Nursing in Canada*, therefore, be it resolved, that a Committee of the Canadian Nurses Association be formed with provincial representation to proceed with definite plans to secure an eight-hour duty period for student nurses, this to apply to night as well as to day duty; also, that this same committee take steps to implement and bring into force an eight-hour day for graduate registered nurses.

9. Whereas the discussion arising from the session on economic security for nurses indicates that this security may best be secured on an individual basis, and whereas the opinion is that the young nurses need guidance in planning the necessary security, be it resolved, that the Provincial Associations of Registered Nurses be urged to study ways and means of reaching nurses as they graduate from schools of nursing within their province and of providing the necessary information relative to the provision for their future economic security.

10. Whereas the special work has been completed for which the National Joint Study Committee on Nursing Education in Canada was created, and whereas no further need is apparent for joint action, and whereas it is the wish of the nurse members that this Committee be dissolved, with the proviso that if the need for joint action should arise another committee could be appointed, therefore, be it resolved, that the Canadian Nurses Association by this resolution accede to the wish expressed above, and in so far as the Association is concerned it is agreed that this Committee be disbanded.

11. That in order to sustain the entity of the National Joint Committee on Enrolment of Nurses for Emergency Service, appointments of representatives be made for a period of two years, this period to begin at the time of the General Meeting of the Canadian Nurses Association, 1938, and that the chairman and secretary be appointed by the Committee alternately from the representatives of each organisation.

12. That the experiment or experiments in Community Nursing Service Bureaux under the joint responsibility of the Victorian Order of Nurses for Canada and the Canadian Nurses Association, operating through a joint advisory committee of the two organisations, be continued for two years following the date of organisation. A total amount of $8,000.00 to be contributed from the treasury of the Canadian Nurses Association towards the project.

13. That the question of Dominion Registration for Nurses be reopened for discussion at such time as the Executive Committee of the Canadian Nurses Association considers that greater unanim-

ity of opinion would warrant its reconsideration.

14. Whereas the Canadian Nurses Association has completed the five-year pledge towards the support of the Florence Nightingale International Foundation, and whereas it is desirable that this support be continued, therefore, be it resolved, that the pledge of financial support be renewed for a further period of four years, this to be up to and including 1942, with the hope that before that time is expired steps will be taken to the end that the Florence Nightingale International Foundation will drop the idea of promoting a course of its own and in place of that will work directly through some school, or college, or teaching department of nursing in London, because the purpose of the Florence Nightingale International Foundation is to promote advanced study of nursing and nursing education.

15. Whereas it is the opinion of the members of the Canadian Nurses Association that, if the circulation of *The Canadian Nurse* is to be increased, it is imperative that the *Journal* be enlarged and the literary content become more varied; and whereas *The Canadian Nurse* is the official organ of the Association and the one means by which its members can be kept informed of nursing affairs, be it resolved, that the Canadian Nurses Association finance the *Journal* to whatever extent is necessary in order (1) to give the editor the necessary assistance so as to relieve her as much as possible for editorial work; (2) to permit the editor the use of her discretion as to the size of the magazine for each issue; (3) to arrange, if possible, for more suitable office accommodation for *The Canadian Nurse*. It is further recommended that the provincial "Canadian Nurse committees" be strengthened and that provincial conveners be in direct contact with the editor but receive leadership from the Publications Committee.

16. That a special convention number of *The Canadian Nurse* be issued, financed by the Canadian Nurses Association.

Resolutions of Thanks

1. That a sincere vote of thanks be extended to the retiring officers.

2. That letters of thanks be sent to all those who assisted in making the week of the General Meeting in Halifax such a delightful one.

3. Whereas the study and use of the *Proposed Curriculum for Schools of Nursing in Canada* have resulted in the release of wide-spread activity and the development of a better conception of the whole field of nursing, therefore, be it resolved, that the Canadian Nurses Association again record appreciation and thanks to Miss Marion Lindeburgh and her Committee for their invaluable work in this stupendous undertaking.

4. Whereas the Report of the Exchange of Nurses Committee reveals the splendid work accomplished, be it resolved, that a sincere vote of thanks be expressed to the Exchange of Nurses Committee for all that has been accomplished through its activities.

5. Whereas upon the disbanding of the National Joint Study Committee on Nursing Education, the Canadian Medical Association has stated the desire that the funds remaining to the credit of the National Joint Study Committee be transferred to the Canadian Nurses Association, be it resolved, that a vote of thanks be sent to the Canadian Medical Association for this courteous and generous consideration toward the Canadian Nurses Association.

6. Whereas it is recognized that it would be very difficult for the Canadian Nurses Association to undertake an experiment in community nursing service

bureaux without the expert assistance and experience of the Victorian Order of Nurses for Canada, be it resolved, that an expression of appreciation from the Canadian Nurses Association be forwarded to the Victorian Order of Nurses for Canada for the valuable co-operation and assistance of the members of the latter organization on the Joint Advisory Committee on Community Nursing Service Bureaux.

7. Whereas the Canadian Nurses Association is conscious of the amount of time and effort contributed by the members of the Committee on Dominion Registration for Nurses, be it resolved, that a vote of sincere gratitude be expressed to the Convener and her Committee.

8. Whereas Miss Ethel Johns has brought *The Canadian Nurse* to the position of esteem it now holds, be it resolved, that the Canadian Nurses Association take this opportunity of formally expressing appreciation of the valuable work of the editor and business manager.

9. Whereas Miss Jean Wilson has always fulfilled her function as Executive Secretary with exceptional courtesy, dignity and efficiency, be it resolved, that the Canadian Nurses Association take this opportunity of formally expressing their appreciation of her loyalty and devotion.

Amended Bylaws

ARTICLE II

Representation

1. Each organisation shall be entitled to one vote for every 100 members until the maximum of fifteen votes is reached. Any organisation having less than 100 members shall be entitled to one vote.

2. Each organisation shall be entitled to one voting delegate for each of its one hundred members until the maximum number of votes is reached and each delegate may cast one of the votes of the organisation. Should a sufficient number of accredited delegates be unable to attend the General Meeting, the remaining delegates may cast the votes to which the organisation is entitled.

ARTICLE III

Executive Committee

The Executive Committee of the Association shall be composed of the Officers together with the Chairman of each Section of the Association, the Conveners of the corresponding sections or committees of each Provincial Association, and the President of each Provincial Association. The provincial representatives shall be termed Councillors. The immediate past president shall be a member of the Executive Committee.

National Sections

The newly elected officers for the three National Sections for 1938-1940 are:

Nursing Education Section:

Chairman—Miss Agnes J. Macleod
First Vice-Chairman—Miss Edith Amas
Second Vice-Chairman—Miss Martha Batson
Secretary-Treasurer—Miss Margaret Fraser.

Private Duty Section:

Chairman——Miss Margaret Teulon
First Vice-Chairman—Miss Helen Cameron
Second Vice-Chairman—Miss Ruth Hart
Secretary-Treasurer — Miss Nora Senkler.

Public Health Section:

Chairman—Miss Margaret E. Kerr
Vice-Chairman—Miss Isabel McDiarmid
Secretary-Treasurer — Miss Fyvie Young.

REPORT OF THE NURSING EDUCATION SECTION

The main interest of the Provincial Sections during the past two years has been a systematic study of the *Proposed Curriculum for Schools of Nursing in Canada*. The subcommittees on instruction, under the Sections, have done particularly good work in all the provinces by studying and offering constructive criticism. The following facts, contained in the several provincial Nursing Education Section reports, would seem to be of particular interest:—

British Columbia: The very full and complete report submitted by the chairman of the Nursing Education Section indicates the splendid work done on the Curriculum study under the direction of its able chairman. Particular recognition should be given to the staff of the Vancouver General Hospital for their wholehearted contribution. Recognition should also be given to a group of public health nurses and social workers who co-operated so well with the Section's activities. Affiliation in psychiatric nursing has been secured with the Provincial Mental Hospital, a new residence has been built by the Provincial Government, and students will be received in September.

Alberta: Calgary and Edmonton have been the two main centres of activity. Heads of schools of nursing, instructors, public health nurses and private duty nurses, have all contributed to the Curriculum study. Another matter which has engaged the Section's interest in Alberta is the revision of the high school curriculum, which will naturally affect the standard for entrance to schools of nursing in Alberta.

Saskatchewan: Five sub-sections exist, of which the Regina and Saskatoon groups have been the most active. The Section as a whole, including the instructor's group, has made a study of the Proposed Curriculum, and have submitted suggestions. An effort is being made to devise a plan to secure teaching aids which could be lent to schools throughout the Province.

Manitoba: The section divided its programme into two main parts: (1) discussion of current problems relating to teaching and supervision of students; (2) the study of the Proposed Curriculum. A council has been formed, consisting of the Director of the Health Education Department of the Province, and representatives from the schools of nursing, public health and social agencies, to study and plan an arrangement for the course in "Community Health and Social Needs," as recommended in the Proposed Curriculum.

Ontario: The many groups of nurses in Ontario have worked in co-operation in studying and reporting upon various nursing education problems. The Committee on Instruction in the Province has done much to stimulate interest and encourage the study of the Proposed Curriculum. Refresher courses held by the School of Nursing in Toronto University have done very much in making valuable information available for nurses engaged in various fields. In response to a real need, the course on "Integration of Health Teaching in the Undergraduate Course" was given three times. An intensive study of the Curriculum, covering several meetings, has been held in the Toronto General Hospital. Nine schools were represented at the meetings and a splendid piece of work was accomplished.

Quebec: Executive and general meetings have been held periodically and special programmes arranged. One programme, in the nature of a demonstration of a nursing clinic in paediatric nursing, was particularly instructive to those responsible for ward teaching. The study of the Proposed Curriculum composed the main activity of the Section. An effective programme has also been undertaken by the Committee on Instruction. A co-operative plan, with the Protestant Teachers' Association, for the exchange of articles between *The Canadian Nurse* and *The Teachers' Magazine*, has been developed. Various members of this Section took active part in a Refresher Course arranged by the McGill University School of Nursing to present for discussion the various phases of the Proposed Curriculum. The success of this institute was largely due to the co-operative efforts of the members of the Section in Montreal.

New Brunswick: In nine of the twelve schools of nursing in the Province, the instructor engaged has had special preparation. It is of interest to note that the largest school in the Province is organizing a community health service whereby the students will be given experience in the community. Study groups have been organized for the discussion of the Proposed Curriculum and special teaching problems, and for the study of selected articles appearing in *The Canadian Nurse*.

Nova Scotia: Schools in Nova Scotia, as in other provinces, are trying out the Proposed Curriculum, and certain improvements have been reported. Five schools have secured the eight hour day; two schools have extended the preliminary period to six months, and a modified "block" plan of instruction has been adopted in one school. Attempts are being made to secure further community experience for students. Special interest is being taken in the possibility of securing films for teaching purposes.

Prince Edward Island: While the Nursing Education Section has a very small membership, they have done their bit towards raising the standards of nursing education. A comprehensive report has been received on the results of their Curriculum study. Since September, 1937, two schools have engaged a full-time instructor, and better teaching facilities have been provided. Affiliation with the Provincial Sanatorium has been arranged for the two schools in Charlottetown. In all three schools efforts are being made to raise the standard of the entrance requirements. A number of students now entering have Junior Matriculation standing.

Marion Lindeburgh
Chairman.

REPORT OF THE PUBLIC HEALTH SECTION

During 1936-38 the affairs of the Public Health Section of this Association have been carried on by means of four executive meetings, and by correspondence. Conveners have carried on any committee activities required in connection with education, publication, constitution and by-laws, the place of the public health nurse in social insurance schemes, and programme for this Biennial Meeting.

In 1937, at the request of Miss Elizabeth Larsen, chairman of the Public Health Committee of the I.C.N., a report was prepared concerning public health nursing in Canada. The information required for this report has been incorporated in the questionnaire sent to the Provincial Sections, in order to facilitate the preparation of complete reports for national and international use.

The total membership of the Section is 1,626.

British Columbia: with a membership of 162, had a committee on education to study the Curriculum and other educational problems relating to public health nursing. Three meetings were held as well as affairs of a social character. Ten study groups were organized in various parts of the Province, and the members participated in the sessions of the Public Health Refresher Course organized jointly by the Provincial Board of Health and the Department of Nursing and Health at the University of British Columbia. An arrangement has also been made for an interchange of work between public health and hospital nurses where each desire added experience.

Alberta: has a membership of 55, with conveners of sub-sections at Medicine Hat, Lethbridge and Edmonton to promote interest in public health work in those districts. Seven meetings were held where there were discussions on reports of conventions and lectures on tuberculosis, cancer and preschool child health. Four of these meetings were supper meetings, where addresses were given on various topics other than health. Members attended Refresher Courses, and a library of books on public health has been organized for all nurses in the Section.

Saskatchewan: with a membership of 62, held eight meetings, at two sub-sections at Regina and Saskatoon, where addresses were given on "Family Welfare" and "The Youth Training Programme". A study was made of the addresses given at the International Congress of Nurses in 1937, and Refresher Courses have been participated in by the members. Arrangements have been made to send copies of papers given at meetings to the members of the Section in outlying districts, unable to attend. Plans for a lending library of books on public health are being made. Interest in radio as a health educational medium resulted in a request to the Canadian Broadcasting Corporation concerning the possibility of the Corporation sponsoring health broadcasts.

Manitoba: has 70 members with committees on social affairs, programme, and to study health and community aspects of nursing education and the public health nurse in social insurance schemes. As an outcome of the second last-named committee, a council has been formed with public health representatives under the Nursing Education Section to carry on this activity. Five meetings have been held where family welfare work, conserving energy, reports of post graduate study and recent developments in public health nursing, were the topics of discussion. One of the most largely attended was a luncheon meeting followed by a debate on specialized versus generalized nursing services, which proved a very interesting and agreeably contentious subject. A study group on social case work, with a professional leader, was carried on for a course of ten study periods.

Ontario: with a membership of 680 in ten districts has a public health convener in each of these sub-sections. The membership as a whole are able to meet only once a year at the annual meeting of the Provincial Association. Study groups were organized and Refresher Courses on records, orthopedics and poliomyelitis have been given at two Universities.

Quebec: has a membership of 525 with committees on education, programme and publications. Nine executive and three general meetings have been held for a programme of lectures on rheumatic infections in children, nutrition and the school lunch, Nursing Service Bureau in Montreal, and advantages of registration and professional co-operation. Refresher Courses have been held on the following subjects: The Modern Treatment of Syphilis; Industrial Nursing; Problems of Supervision in Public Health Nursing, arranged in cooperation with the McGill School of Nursing; and Problems of Tuberculosis in English and French; Chemistry, Microbiology, Haemotology, etc., at the University of Montreal. Three groups carried on a study of the Proposed Curriculum, and in addition, a special effort has been made to get into touch with all industrial nurses in the Province in an attempt to make them feel they have an important place in the Public Health Section.

New Brunswick: with a membership of 24 has committees on publications, and for the study of the place of the public health nurse in social insurance schemes. The membership as a whole have met once a year at the annual meeting of the Provincial Association. In Saint John, the Section, with 15 members, has been able to hold nine meetings, three of which were supper meetings. Several studies have been carried on there, and informative talks have been given by the members on health insurance, vaccines, poliomyelitis, and improving the teaching content of the public health nurse's visit. A Refresher Course was held by the Department of Health in Saint John in December, 1936, which was largely attended, not only by the members of the Section but also by private duty nurses, a few of whom came from Nova Scotia and Prince Edward Island.

Nova Scotia: has 44 public health nurses who are members of the Provincial Association. A section has not yet been organized but a convener has carried on any activities connected with public health nursing. Halifax is the only large centre where there is a sufficient number of nurses to permit any arrangement for a programme of meetings.

Prince Edward Island: there are only four public health nurses in three districts

throughout the Island; therefore it has not been possible to organize a section. A convener has, however, arranged for conferences at Christmas and Easter where reports of study have been discussed as well as other problems of special interest. All members attended the Refresher Course given by the New Brunswick Department of Public Health at Saint John.

In brief, there have been held a total number of 126 meetings by several Provincial Sections. There are 17 sub-sections. Refresher Courses have been participated in by members of all Sections, and study groups seem to have been a popular feature in organized centres. From the foregoing, it is evident that the Public Health Sections have been active in the study of public health problems, and that they are a uniting force for the consideration of all matters that have to do with the advancement of public health, and the development of public health nurses.

Present Status in Canada

Distribution: Throughout Canada, with a population of 11,014,000 there are, as far as can be ascertained, 1,798 public health nurses, whose services are distributed in the nine Provinces as follows:

In *British Columbia*, with a population of 750,000, there are 162 nurses employed by 55 agencies, of whom 126 are engaged in generalized and 36 in specialized service.

In *Alberta*, with a population of 772,000, there are 82 nurses in 14 agencies—38 generalized and 44 specialized.

In *Saskatchewan*, with a population of 930,893, there are 62 nurses in 19 agencies —15 generalized and 47 specialized.

In *Manitoba*, with a population of 717,000, there are 100 nurses in 18 agencies—30 generalized and 70 specialized.

In *Ontario*, with a population of 3,711,000 there are 713 nurses in 229 agencies—226 generalized and 487 specialized.

In *Quebec*, with a population of 3,096,000, there are 575 nurses in 14 agencies—170 generalized and 405 specialized.

In *New Brunswick*, with a population of 435,000, there are 33 nurses in 6 agencies—17 generalized and 16 specialized.

In *Nova Scotia*, with a population of 526,000, there are 67 nurses in 13 agencies—51 generalized and 16 specialized.

In *Prince Edward Island*, with a population of 53,000, there are 4 nurses engaged by 1 agency—the Provincial Department carrying a generalized service.

All the above figures are based on the 1936 census except those for Manitoba, which are based on the 1937 census.

Approximately 56% of the public health nursing services are carried on in urban districts with 25% in semi-urban, and about 19% in rural areas. Of these, two services, national in scope, are the Victorian Order of Nurses and the Metropolitan Life Insurance Company Nursing Service. There are a reported total of 364 agencies providing public health nursing services, of which 195 are official and 169 are voluntary organizations. While this record is known to be incomplete, it is of interest that 677 nurses are engaged in generalized nursing and 1,121 in specialized nursing services. Of the specialized groups, the largest number are engaged in maternal and child welfare with school nursing following, and industrial the third largest group.

Progress

All provinces report some extension of service. No services have been discontinued. In British Columbia, new districts have been formed with a more generalized programme and extension of travelling clinics; in Alberta, requests have been received from districts for nursing service; in Saskatchewan and Manitoba there have been small increases of staff; in Ontario, public health nursing service in mines, and orthopaedic nursing have been introduced; in Quebec, there has been expansion of nursing in County Health Units; in Nova Scotia a nursing service in a Health Unit in Cape Breton has been organized.

Supervision and Legislation

There is state supervision of public health nursing services by Provincial Departments, with the exception of British Columbia and Quebec, and by national health agencies, but there appears to be no legislative meas-

ure in force dealing with the education or employment of public health nurses, except in Manitoba, which was passed in 1931, although there are regulations governing this matter.

Qualifications and Opportunities

All provinces now require Junior Matriculation and graduation from an approved School of Nursing, but only British Columbia and Prince Edward Island appear to require post-graduate study and experience for *all* public health nurses, although the demand is increasing. From the total number reported, only about 25% of nurses have taken partial or full post-graduate courses. Scholarships or loan funds are available in all provinces but British Columbia, New Brunswick and Prince Edward Island; and post-graduate study can be taken at the Universities of British Columbia and Alberta; in Ontario at Toronto and Western Universities, and in Quebec at McGill University and the University of Montreal.

With regard to staff education, all public health nursing agencies are interested in having staff members keep their professional knowledge up to date, but the majority of agencies make no special provision for educational activities of a continuous or progressive nature.

Working Conditions

Hours of duty vary from 36 to 60 hours per week, with the average number about 40 per week. Overtime work is partially made up in all provinces except Alberta, and the policy of paying for extra work is not followed. One report mentioned that "overtime is often done, but not expected!"

Vacations with salary vary from 2 to 8 weeks, usually 3 weeks. School nurses generally have two months vacation without salary.

Transportation (by every means available) is generally provided by the nursing agency. Where nurses provide their own cars, expenses are usually met by the agency according to mileage or an allowance.

Uniforms for nurses are provided by themselves in all provinces except Quebec where official agencies make provision; but indoor gowns or aprons are considered a part of equipment in most provinces.

Salaries are fairly satisfactory in the five provinces to the west, but definitely not so in the four eastern provinces.

Superannuation regulations vary and seem to be in force only in the official agencies of the six western provinces. The ages for retirement are from 60 to 65 years. In Quebec there are pension schemes for retirement by some agencies. No general plan is followed regarding pension funds—being both contributory and paid for by the employer.

Insurance against sickness and accident through group insurance is provided in Saskatchewan by the Provincial Government for the members of its public health nursing service.

Employment: with regard to the question of employing married women in public health nursing, they are employed to a limited extent in five provinces, but as a rule are employed only in exceptional cases.

As to the difficulty of nurses obtaining promotion or securing new positions, it is of interest to report that in British Columbia "there is relatively little movement" from place to place. In Alberta there is no difficulty in this respect, and there is improvement in Quebec; but in other Provinces, there is little or no opportunity. On the other hand it is worthy of note that nurses with public health training and experience are entering public health activities other than nursing—in social work, in health education and in the statistical field. They are even carrying on public health work within Schools of Nursing.

Problems and Needs

The problems and needs of nurses in the field of public health as reported by each province, are as follows:

Two provinces are in need of supervision for their Provincial Nursing Services; in one province there is overlapping due to specialized services, and there is no grant from the Provincial Government for public health nursing service. In three provinces more nurses are needed as areas are too large for public health nurses to serve ef-

ficiently. One province reports lack of educational facilities for nurses; there is a need for a lending library of books on public health for rural nurses. In another province unqualified nurses are employed on the same basis and salary as those who are qualified. In three provinces there are areas where isolated rural people need nursing services as well as many others on inadequate relief allowance. One province cites poor housing and another, lack of adequate social legislation and essential social services as pressing problems of nurses. One province mentions the need for closer co-operation with social workers, a need which we know is quite general.

In presenting this report, I would like to express my appreciation of the assistance given by the chairman of each Provincial Section; for they collected the information that has made it possible to prepare an account, which though far from complete, gives a general idea of public health nursing in Canada.

Anna E. Wells,
Chairman.

REPORT OF THE PRIVATE DUTY SECTION

Following the ratification, by the Executive Committee of the C.N.A., of the revisions in the by-laws of the Section, as approved at the last General Meeting, copies of the changes made were sent to each Provincial Section. The appointment of a second vice-chairman was then made by the Executive Committee of the Section and Miss K. McCallum, of Winnipeg, accepted the office. Miss Margaret Teulon, of Vancouver, was appointed convener of the Educational Committee, and with the members of her Committee, has been of great assistance to the Provincial Sections in planning their studies.

Miss Teulon reports a nucleus Educational Committee of three resident in Vancouver with each Provincial Chairman a corresponding member. A study programme was prepared and sent to each Provincial Section with suggestions. Reports from the provinces reflect the appreciation felt by the nurses of the thought and work which the members of this committee have given to the arrangement of this programme.

Several copies of the report of the committee on functions and standards of the private duty nurse were sent to each Provincial Section through the National Office and these have been used to advantage. It is interesting to note that this report was published in *La Garde Malade Canadienne Francaise* and a copy was sent by the editor of *The Canadian Nurse* to the Secretary of the American Nurses Association at her request.

Early in January 1937, word was received with great regret, of the death, in Calgary, of Mrs. F. V. Kennedy, first vice-chairman of the Section. Miss K. McCallum, second vice-chairman, was appointed to fill the vacancy and Miss Helen Cameron, of Montreal, was appointed second vice-chairman, by the Executive Committee of the Section.

Due to continued ill-health following an accident, the secretary, Miss Helen Wills, of Regina, found it impossible to continue in office and her resignation was received early in April, 1937. The members of the Section learned of Miss Wills' resignation with regret, as she had been of very great assistance to everyone, and particularly to the chairman. Miss Wills had represented the Section at the Executive Meetings of the Canadian Nurses Association and therefore had been in very close touch with the work of the Association as a whole. Miss Mary Ingram, of Ottawa, accepted appointment to the office for the remainder of the term and we deeply appreciate her willingness to undertake the work in addition to the heavy duties which she was already performing.

Progress reports have been received from several Provincial Sections from time to time and these are greatly appreciated by

the chair as this is the only way in which information regarding provincial activities is made available for reports to the Executive Committee of the C.N.A. Many requests for information on various subjects have been received and information sent to the best of our ability.

Section reports for the past two-year period have been received from eight provinces. All provinces, with the exception of Prince Edward Island and Alberta report an improvement in employment. In Prince Edward Island, it is felt that the failure to improve is partly due to the fact that, in January of this year, 24 hour duty in hospitals was abolished and the public have not yet become used to the change. The nurses of Prince Edward Island have worked hard for this progressive step and no doubt will soon convince their public of the advantages to everyone. The nurses of New Brunswick are also attempting to have twenty-four hour duty abolished in their province and are making good progress. In all centres where eight-hour duty has become the rule, sharp increases in employment have been reported.

The eight-hour day has been adopted and is proving entirely satisfactory in many centres throughout the country. The following is a summary of points where the system is known to be in use: Alberta—2 centres (one under contemplation); British Columbia—in most hospitals; Manitoba—2 centres; Nova Scotia—7 centres; Ontario—16 centres (3 under contemplation); Quebec—question being studied; Saskatchewan—one centre.

It is interesting to note that almost every province reports a fairly large number of nurses moving to the United States, chiefly to do general duty.

A great deal of work has been done towards reorganisation of registries. In Montreal, the registry was re-organised to form a Nursing Service Bureau. The registrants include trained attendants, male nurses and orderlies, as well as registered nurses. While some changes have been found necessary in the set-up the experiment is proceeding and the nurses of Canada are intensely interested. In Ontario, two registries in large cities have been reorganised. A committee of the Registered Nurses Association of Ontario is now prepared to give information and assistance to centres desiring to reorganise existing registries or form new ones where none now exist. Many places are considering the step. For this Biennial meeting, the Ontario Section has kindly loaned an exhibit, built by their chairman, which portrays the history of registries with a glimpse of the possibilities for the future. We trust this exhibit has proved interesting to everyone. The Central Nurses Directory in Manitoba was reorganised in 1936 and is giving an excellent service. The nurses of Vancouver are planning a Community Nursing Service Bureau for an experimental period of two years. The private duty nurses of Canada will watch with keen interest the progress of the Community Nursing Service Bureau, now being established in Moose Jaw, Saskatchewan, and wish all these new ventures success.

The study programme arranged by the Educational Committee has been of inestimable assistance to the Provincial Sections and has been used in nearly every province, some arranging refresher courses and others using the suggested subjects for lectures. The members of the Section appreciate the great amount of thought and time given by this Committee and will await with interest their suggestions for the coming term. In this connection, the British Columbia nurses suggest two ideas for possible study in the future: (1) the compilation of a loose-leaf hand book giving, concisely, symptoms and treatments for common diseases. This book could be added to and kept up to date; (2) the advisability of studying the question of supervision of private duty nurses, and the advantages it would bring in post-graduate education while carrying on our work.

A meeting of the Executive Committee of the Private Duty Section of the Canadian Nurses Association, was held in Halifax, on July 6, 1938, with representation from eight provinces, four of these representatives being private duty nurses.

The general meeting of the Section, held

on July 7, with an attendance of 87, was a business meeting. The reports of provinces called forth very free and constructive discussion of hourly nursing and eight-hour duty. Information was also exchanged on various subjects. The Halifax nurses presented figures comparing the incomes of the nurses on twelve and eight-hour duty. This showed that the incomes received by the nurses for the same number of hours of service to one patient under the eight-hour system is greater than under the twelve-hour, while the cost to the patient is less.

The chairman wishes to express to the whole Association her gratitude for having been granted the privilege of attending the International Council of Nurses in London, last year, as a delegate. It was a never-to-be-forgotten experience and one which will be of life-long value.

Jean L. Church
Chairman

NATIONAL CURRICULUM COMMITTEE REPORT

It is a pleasure to present the report of the National Curriculum Committee. The Curriculum Committee was organized under the Nursing Education Section of the Canadian Nurses Association in 1932. It was assigned the task of constructing a curriculum which would serve as a guide for schools of nursing in Canada. After four years of investigation and study, in which nursing groups throughout Canada participated, the *Proposed Curriculum* was tentatively prepared. It was presented for consideration and accepted for trial and experimentation at the Biennial meeting of the Canadian Nurses Association in Vancouver in 1936. Before proceeding with a report on the activities of the last two years, it seems advisable that we should refresh our memories in regard to certain points in the report which accompanied the presentation of the Proposed Curriculum in 1936.

I. The curriculum project is not something imposed upon us; it is an activity evolving out of a definite need or situation, as revealed in the *Survey of Nursing Education in Canada*. To quote the words of a member of the Canadian Nurses Association in answer to a questionnaire, "We have waited long enough for some new method of finance and administration which will bring about better training for students. Why wait any longer? Let us attack our problem from another angle. The Survey made many recommendations: If we could have a national curriculum which the nurses in Canada could accept in principle, embodying those recommendations, we would have a better idea of what we should be doing in our schools."

II. *The Proposed Curriculum* is an accomplishment in which experienced nurses in all fields of nursing have given their best thought and effort. All nursing involves the curative, preventive and health aspects. It is, therefore, important that the opinions of public health nurses, private duty nurses and those in administration, teaching and supervision in schools of nursing, should be considered in the construction of any curriculum which proposes to prepare the student for the general practice of nursing in any field of service.

III. *The Proposed Curriculum* is not to be regarded as a complete or finished piece of work. It was presented at the Vancouver meeting as being in the nature of a report, with the recommendation that it be critically studied and used experimentally for a period, after which time a revision should be undertaken.

IV. *The Proposed Curriculum* places particular emphasis on the more immediate adjustments which should and could be brought about most easily without much extra administrative or financial pressure. The following are of great importance:—

1. An accepted standard of student quali-

fication for entrance to schools of nursing in Canada.

2. A more definite standard of personal and professional qualification for all members of the school of nursing staff, and more adequate provision for professional growth while in service.
3. A better understanding and appreciation of the philosophy underlying the aims of teaching, supervision.
4. A more carefully organized plan of education whereby preventive, health and curative aspects of nursing may receive appropriate emphasis at every stage of the student's experience.

V. The Curriculum Committee decided that the proposed plan should be made as flexible as possible; that definite time requirements for effective teaching of various courses should not in the beginning be stated. There has been a prevailing tendency to judge the adequacy of courses by the number of hours assigned to instruction and practice, rather than by the ability of the teacher to teach, by the capacity of the student to learn and apply, by facilities available, and many other factors which make for good educational results. While the *Curriculum* emphasizes the fact that students should have more time for study and reflective thinking, it does not suggest an increase in the number of courses now undertaken in recognized schools of nursing in Canada. It was the general opinion that fewer and better courses should be recommended and that a definite attempt should be made to reorganize, simplify, coordinate and integrate the various phases of theory and practice in the basic course. A study of the *Proposed Curriculum* reveals the many attempts to achieve this end.

May I now present a report of the activities covering the last two years. With the acceptance of the Curriculum report in 1936 by the Canadian Nurses Association, the Committee, having accomplished its work, automatically dissolved. Because of the fact that the *Proposed Curriculum* was presented in tentative, rather than in a finished form, the convener and secretary of the National Curriculum Committee were reappointed with power to undertake any effective plan of organization which would take care of the work of revision. Acting upon this recommendation, plans were made for a critical study of the *Proposed Curriculum*. The same plan of provincial organization was undertaken as was adopted during the first four years. Provincial sub-committees have again been appointed, the president as convener, together with the provincial chairmen of nursing education, public health and private duty sections. The main responsibility of each provincial sub-committee is to encourage the formation of study groups within the province, and to collect and submit the reports of the studies made. All reports will be fully utilized at a later time in re-writing the book.

A period of six months was allowed to elapse following the Vancouver meeting, to give time for the sale and distribution of the Curriculum report. A study outline under chapter headings was then prepared by the National Convener. This outline was sent through provincial conveners to schools of nursing throughout Canada, with the request that in the study and application of the *Proposed Curriculum* constructive criticism would be welcomed.

We are particularly grateful to provincial groups for the splendid contributions they have made. Public health nurses, teachers and supervisors in schools of nursing, and private duty nurses have been brought together in the study of educational problems of common interest. The Nursing Education Sections, together with their committees on instruction, are particularly to be commended for the analyses and suggestions they have made in connection with the outlines of classroom and clinical instruction. Teachers, head nurses and supervisors, because of their close contact with students in the classroom and clinical fields, are particularly well qualified to make constructive comment, and their contributions are greatly appreciated.

Reports have been received since last January from all provinces, and they indicate a real effort to study the Proposed Curriculum objectively. The character of the reports implies a very keen interest in and wholesome, critical attitude towards the

Proposed Curriculum plan. For the contribution which provincial study groups have already made, the Curriculum Committee wishes to express its grateful thanks and appreciation.

While it is very evident that there has not been sufficient time since the publication of the *Proposed Curriculum* to experiment with it fully, many constructive comments have already been made which would improve the arrangement and content of the book. It might be pointed out that the evaluation of returns through the questionnaire method is not an easy task. In many instances opinions range from the extreme left to the extreme right and a satisfactory middle way must be found; for example, a suggestion is made that Chapters II, III and IV, dealing with Administration, Staff and Students, have little place within the Curriculum report, while others emphasized the fundamental importance of including these chapters. Controversial comments made at this time must be held in reserve for further discussion, and the need of further study of the *Proposed Curriculum* before a revision is undertaken, is obvious. However, at this beginning stage in the study, the convener is grateful for the opportunity to present to this meeting certain trends of opinion.

General approval of the *Proposed Curriculum* as a whole is expressed, and mention is made of phases of the book which seem to be most commendable. The following comments or suggestions have been selected as being of particular interest at this time:

1. The need for a study of the details of the cost of operation of certain selected schools of nursing is suggested, in order that figures may be available to serve as a guide in the more effective administration of all schools of nursing in Canada.

2. General disapproval of the special university entrance standing termed "Nursing Matriculation," and a suggestion that applicants to schools of nursing should be required to meet the full entrance demands of recognized Universities in the several provinces.

3. A question as to the possibility of accomplishing the requirements of the *Proposed Curriculum* within a period of three years, and a suggestion that a first year might be considered to undertake the necessary science subjects (preferably in a University,) to be followed by three years in the various nursing subjects and clinical fields.

4. While general agreement is shown in regard to the personal and professional qualifications of staff members, several suggestions are made which would describe their functions. For instance, more emphasis should be placed upon the classroom teacher having a better understanding of the clinical situation, and the ward supervisor assuming more responsibility for systematic teaching. It is suggested that the night supervisor should receive more attention in the Curriculum report. The importance of securing a person who really enjoys night service, and whose health remains unaffected, should be included as an added note.

5. While the qualifications and duties of the head nurse as described, are approved, the need for recommending special graduate preparation for head-nurseship is suggested.

6. The statement regarding the position and function of general duty nurses as they affect the educational programme, and their influence on the students, should be elaborated to emphasize more forcibly the need of an educational programme for this group, and more interest is to be taken in their professional growth.

7. A challenging proposal is made regarding the inclusion of communicable disease nursing as a compulsory experience in the basic course. Because of the progress in the field of public health resulting in a great advance in scientific methods of prevention through immunization, and other means of control, this should be taken into consideration in constructing a present day nursing curriculum.

8. Many suggestions as to the reorganization and improvement of the content of the science courses have been offered, also other ways by which these subjects will serve more fully the purpose for which they are intended. Of all the science subjects chemistry presents the greatest problem. It is suggested that there is really no legitimate place in a nursing curriculum for

the teaching of inorganic chemistry. More time could be spent on organic and important phases of physiological chemistry if the student had preliminary work in chemistry before entering the school. Many helpful ideas have been submitted in connection with the courses in nursing theory and practice. The Curriculum Committee consciously avoided too much description and detail of nursing procedures or techniques, and instead emphasized fundamental principles upon which procedures and treatments should be built up. However, it is the general feeling that much more detailed content should appear in the nursing courses.

9. Special mention is made of a small group in British Columbia of experienced public health nurses, social workers and instructors, who submitted a particularly constructive and critical report on the health, preventive and social aspects of nursing education as outlined in the *Proposed Curriculum*.

10. The course outline on mental hygiene and psychiatry, which was prepared by the Canadian National Committee for Mental Hygiene, has received varied comment. The general feeling is that it is too extensive and that it would not be possible for some time to come to secure the practical experience as outlined under adequate teaching and supervisory conditions.

11. The course in personal hygiene and health education method does not meet with entire approval. The inclusion of a health service and health instruction to meet the individual needs of students is accepted, but the course in principles and methods of health teaching is thought to be beyond the requirements of a basic nursing course.

12. There is considerable confusion as to whether ethics should be reinstated as a regular course with assigned lecture hours, or whether, as proposed in the Curriculum report, it should be handled in a less formal way, achieving the desired ends through informal discussions and conferences and through exposure to a favourable professional environment conducive to the development of ethical ideals and standards of conduct.

In conclusion, reports have shown that a much clearer conception of what nursing education should be, and a more definite idea of how it may be accomplished gradually, has come about through the study of the *Proposed Curriculum* than was manifest in the first four years of preliminary survey work. The study and possible application of the *Proposed Curriculum* would be accomplished more easily if it could be viewed solely from the educational angle, but the complicating factors in connection with the maintenance by the school of a satisfactory hospital nursing service are most distracting and frustrating. All along the way we have confused objectives of hospital nursing service and nursing education, and it is mainly because of this that we cannot as yet see eye to eye. In so many instances, in response to questions asked, replies were prefaced by such terms as the following:— " . . . if we could first of all secure an eight hour day for student nurses;" "if student nurses did not carry such a heavy nursing load;" "if students could have more time for study;" "if the wards could be be better staffed;" "if instructors did not have to teach all subjects;" "if we had better teaching facilities;" "if head nurses had more time for teaching students;" "if night nurses did not have to get up for afternoon classes;" "if the preliminary term could be longer;" and endless other provisos. There are many conditions under the present system which handicap the educational programme, but in the study of the *Proposed Curriculum* let us focus our attention upon the student and upon the best plan of educational experience that can be provided under existing conditions of hospital control. Our concern is not how well can we fit the student into the scheme of hospital nursing service and the maximum load she can carry over a three year period, but rather what are the potentialities of the student, to what extent can these be developed through effective teaching and nursing practice, and by acquiring

the understandings, skills, ideas, ideals and appreciations which will fit her for the general practice of nursing, whether it be in the hospital, the home, or the community.

Marion Lindeburgh
Chairman, Nursing Education Section,

REPORT OF THE HEALTH INSURANCE AND NURSING SERVICE COMMITTEE

During the two-year interval since the biennial meeting in 1936, this Committee has given consideration to the question of Health Insurance. The personnel of the Committee is as follows: *British Columbia*: Miss Grace Fairley, Miss Kathleen Sanderson, Miss Florence Walker; *Saskatchewan*: Miss Ruby Simpson, (ex-officio); Miss Annie Lawrie, Miss Elizabeth Smith; *Ontario*: Miss Edna Moore, Miss Elizabeth Smellie, Miss Ethel Cryderman, Miss Matilda Fitzgerald, Miss Jean Gunn; *Quebec*: Miss Margaret Moag, Miss Frances Upton, Miss Esther Beith.

In appointing the Committee, an effort was made to have a small group in several of the provinces, rather than one member in each province. This enables conference among members and is more satisfactory than carrying on all the work of the Committee by correspondence. The members in Ontario have functioned as a sub-committee.

Progress Reported in Provinces

British Columbia: A report from the members of the Committee is as follows: "We have communicated with Dr. Allon Peebles, Chairman of the Health Insurance Commission, who informs us that no developments have taken place in regard to Health Insurance in British Columbia subsequent to the holding of a plebiscite in June last. You may remember that legislation was enacted which was later withdrawn and in June, the following plebiscite was voted on: Are you in favour of a comprehensive plan of health insurance, progressively applied? The result of the vote was 147,831 in favour of health insurance, 103,633 against health insurance. The Chairman is now leaving for Europe where he hopes to visit countries where some form of Health Insurance legislation is in effect."

It is also reported that the Registered Nurses Association of British Columbia has sent to the Provincial Secretary, resolutions concerning the place of nursing service in any scheme for Health Insurance, and that the Association has been very active in keeping the idea of nursing service before the governmental authorities.

Saskatchewan: Quoting from the report received: "It would appear that nothing has been done so far as definite steps are concerned, and it is unlikely that any such steps will be taken, until the financial situation in this province is improved. There is a good deal of newspaper publicity to certain suggestions for hospital insurance." Following this report, a second report was received: "The Saskatchewan Legislature has within the past few days, passed an Act concerning voluntary insurance. It is named, 'An Act respecting Mutual Medical and Hospital Benefit Associations.' The bill states that hospital and medical services will be provided. Medical services include surgical, dental and nursing services. . . . A copy of the Bill is enclosed for your information. It must be kept in mind that this is to be a voluntary association, so that much or little may come out of this legislation. I thought you would be interested in it because of its relation to Health Insurance and Nursing Service."

Manitoba: Quoting from the report received: "I must apologize for the delay in answering, but I was anxious to obtain information from Dr. F. W. Jackson, the

Deputy Minister of Health and Public Welfare for this Province, as to progress in the establishment of health insurance in Manitoba. I have to-day interviewed Dr. Jackson, and he informs me that there is no likelihood of health insurance being established at the present time. He reports, however, a considerable increase in interest in municipal doctors. The past year has seen the establishment of two new areas, with two more likely to be put into operation within the near future. Starting on May 1, a detailed study in these areas on the amount of and type of illness in our rural population will begin. This is a joint survey under the auspices of the Rockefeller Foundation, the Federal Department of Health, Ottawa, and under the supervision of the Department of Health in Manitoba. The study will include the rural area section of the Province, comprising seven municipalities with a total population of fifteen thousand. Included in this will be a study of four or five national groups. Special forms have been prepared by the Department of Health, and the municipal doctors will be paid for their services for the compilation of these reports. While I realize this is not in direct answer to your enquiry re health insurance, it does, of course, have a bearing on the trend, and I thought it might be of interest to your committee."

Ontario: The Committee members report that no development has occurred in the establishment of Health Insurance under the Provincial Government. The Registered Nurses Association of Ontario has submitted to the Department of Health and the Department of Welfare a memorandum to the effect that nursing service should be included in any form of Health Insurance, and putting the services of the Association at the disposal of the Provincial Government when this subject is under consideration.

A private plan for Health Insurance has been organized, and is known as "The Associated Medical Services Incorporated." This plan supplies medical services by a system of prepayment. Benefits included are medical service, hospitalization (at a set per diem rate) and nursing service. The cost is scheduled for individuals or for families. It is, of course, entirely voluntary, and has no connection with any policy of Health Insurance from a governmental standpoint.

Quebec: The Committee members in Quebec report as follows: "I am writing you at the request of the other two members in Quebec Province of the Health Insurance and Nursing Service Committee of the Canadian Nurses Association, of which you are chairman, to let you know that insofar as is in our power to ascertain, Health Insurance in this province is not being considered, nor is it likely to be."

New Brunswick: The President of the New Brunswick Association of Registered Nurses reported that no development or progress in the establishment of Health Insurance has occurred.

Nova Scotia: The Secretary-Registrar of the Registered Nurses Association of Nova Scotia, reported that the Department of Health was conducting surveys of health conditions in various parts of the Province, and that these surveys might lead to a consideration of Health Insurance at a later date.

Special Activities

At the meeting of the Executive Committee held in Regina, March 5, 1938, this Committee was authorized to prepare a brief on the relation of nursing service to the social and health services of Canada, for submission to the Royal Commission on Dominion-Provincial Relations. As the time for the preparation of the brief was very limited, the Ontario members of the committee assumed responsibility for the preparation.

In 1935, the Canadian Nurses Association presented a memorandum on Health Insurance and Nursing Service, to the Minister of Pensions and National Health, and this memorandum was taken as a basis for the brief to be prepared in 1938. In preparing this brief, the committee endeavoured to have it as concise as possible, and to leave all details for consideration when there is some definite plan being studied. The committee felt that the two main facts to be emphasized were: *first*, that nursing serv-

ices should be one of the benefits in any plan of Health Insurance, and *second*, that the Canadian Nurses Association was so organized that definite leadership in all matters pertaining to nursing, could be given under a Federal policy or under a provincial policy in any one of the Provinces.

The Committee was asked to supply 95 copies of the printed brief to the Secretary of the Commission for distribution. Copies were also distributed to the different provincial nursing associations by the Executive Secretary. A copy of the brief is attached to this report.

On May 9, the members of this Committee resident in Toronto, appeared before the Royal Commission on Dominion-Provincial Relations, in the Legislative Chambers of the Parliament Buildings, and presented the brief. The representatives of the Canadian Nurses Association were very well received, and given every consideration by the members of the Royal Commission. A letter of appreciation for the privilege extended, and the reception of the brief, was sent to the Secretary.

Jean I. Gunn,
Chairman

REPORT OF COMMITTEE ON RELIGIOUS GUILDS

At the Biennial Meeting of the Canadian Nurses Association in Vancouver in 1936, it was unanimously recommended that this Committee continue to function and I was appointed Convenor. Each Provincial Association was requested to appoint a representative to serve on the Committee, and when the Committee was formed, a questionnaire was sent to each member, embodying the following questions and other suggestions which might assist in obtaining the required information. They were requested (1) to ascertain if any religious guilds existed in the Province. (2) To ascertain if the Student Christian Movement were active in any of the Nursing Schools. (3) To secure information from groups of nurses, students and graduates as to the interest or necessity of any effort to stimulate religious influence among nurses, other than that which may exist through membership in their respective church societies. The replies to the questionnaire indicate that Religious Guilds are practically non-existent at present with the exception of two among the Roman Catholic nurses of two Provinces. A few schools are affiliated with the Student Christian Movement, while other schools have discontinued this affiliation, without any definite reason being stated.

Other information and recommendations have been varied and interesting. The majority of the Provinces have, through their convenors, expressed themselves as being definitely interested in the formation of Guilds or the development of other influences which would stimulate the religious life of the student and the graduate nurse also. It was recognized that the ideals of service which prompt the majority of young women to enter nursing schools are live and spiritual, and should be fostered and developed.

It has been suggested by more than one Provincial representative after conference with her groups that a Vesper Hour on Sunday evenings would be appreciated by the graduate personnel as well as the students in hospitals, also that church attendance should be encouraged by the graduate staff to a greater degree than prevails at present. It was also suggested that missionary nurses on furlough should be invited to address students and graduates, thereby interesting them in a field which is always open to nurses. It was reported that many schools

send a list of their new students to the church of which they are members, but this rule is not observed by all schools, and it has been recommended that all schools follow this procedure. One Provincial representative recommended that a church service for nurses be arranged once at least during the year. In view of these reports and suggestions, I would like to recommend that this Committee be continued, as there is undoubtedly a definite interest throughout Canada; for as one representative writes: "In these days of stress and strain, when there are so many conflicts in the lives of young people, every effort should be made to develop that spiritual consciousness which must exist when these young women enter the school of nursing."

Margaret Moag
Convener

ENROLMENT FOR EMERGENCY SERVICE

In presenting this biennial report, I am quoting from the report presented to the Central Council of the Canadian Red Cross, by the chairman of the National Joint Committee, Enrolment of Nurses for Emergency Service.

The number of nurses enrolled for Emergency Service was 1,859, a gain of 172 or about 10% over the previous year. There is still a deficiency of over one-third of the minimum quota of 3,000 which the Committee set up three years ago to encourage enrolments. It will be noted from the list given below that the largest increase occurred in Saskatchewan, and that in New Brunswick the quota of 125 has been successfully exceeded. In Saskatchewan as well as in a number of other provinces, reminder slips were sent out by the Registrar of the Provincial Nurses' Association with the regular notice regarding the payment of annual dues. It is also satisfactory to note the gratifying increase made in Nova Scotia, where the number of enrolled nurses is beginning to approach the quota figure. Information by provinces has been tabulated as follows:

	Quota	1936	1937	
British Columbia	525	267	281	. . . an increase of 14 or 5.2%
Alberta	170	180	96	. . . decrease of 84, or 46%
Saskatchewan	270	150	246	. . . increase of 96, or 64%
Manitoba	110	67	52	. . . decrease of 15, or 22.3%
Ontario	725	335	414	. . . increase of 79, or 23.5%
Quebec	840	340	386	. . . increase of 46, or 13.5%
New Brunswick	125	144	167	. . . increase of 23, or 16%
Nova Scotia	175	115	143	. . . increase of 28, or 24.3%
Prince Edward Island	60	64	47	. . . decrease of 17, or 26.5%
Out of Canada	....	25	27	
	3,000	1,687	1,859	

Two meetings of the National Joint Committee were held during the past two years and also one meeting held of the C.N.A. representatives on this Committee. At the request of the New Brunswick Committee, the final Report of the Enrolment prepared for submission to the Department of National Defence was not made until January of this year, instead of in October as was formerly done. The majority of the provinces have carried out an intensive campaign duing the past two years, to stimulate interest in the enrolment for emergency service, and in some of the provinces have been most successful.

British Columbia reports that they are zoned geographically for provincial needs and alphabetically for national purposes, which would indicate a well-organized programme.

Quebec reports that with every registration certificate issued in that province, an application form for enrolment is also included, with explanatory pamphlet attached, and that written requests are issued annually to all hospitals, nursing schools, alumnae associations and other groups with the offer of a speaker at any time on the subject of enrolment. Over twenty such groups were addressed in Quebec during the past year.

Saskatchewan reported early in 1937 that in the cities of Regina and Saskatoon, individual nurses undertook a personal campaign to bring the question of enrolment before others and had remarkably good success. Unfortunately during the Winter and Fall of 1937, there has been a great residence change in the Saskatchewan nurses with the result that their final list is somewhat lower in numbers than that of the previous year.

Prince Edward Island draws attention to the fact that they consider their quota of sixty nurses on the enrolled list a somewhat high percentage for them to attain each year, in as much as their total 1937 Provincial membership is only 119 in all.

Nova Scotia has adopted the same policy as Quebec, whereby leaflets and applications forms are sent out to all new nurses from the Registrar's office, whilst additional letters are sent to superintendents of training schools and presidents of local branches, requesting their co-operation in making the enrolment of nurses a success.

Ontario reports an intensive publicity campaign, both by newspaper articles and addresses to all alumnae groups. In 1938, the plan of zoning the province of Ontario was started, whereby each zone's list of enrolled nurses will be filed in the Red Cross office of that particular district and as nearly as possible geographically in the centre of the zone. One nurse on each zone list is to be designated by the R.N.A.O. as the key person to be contacted immediately in an emergency. This "key" nurse shall have a duplicate list of the nurses enrolled in her zone. Nurses subsequently enrolling would have to be added from time to time and addresses kept up to date. A complete list of all the zoned districts will also be filed at the Provincial Red Cross Headquarters as well as one filed with the secretary of the R.N.A.O.

At the 1938 meeting of the National Joint Committee for the Enrolment of Nurses for Emergency Service, both from correspondence from the provinces as well as from other indications, it was noted that there has been somewhat of a tendency for the representatives of the Canadian Nurses Association, and of the Red Cross to operate as two separate committees instead of as a joint committee. The motion was passed that in order to sustain the entity of the National Joint Committee appoinments of representatives be made for a period of two years, this period to begin at the time of the Biennial meeting of the Canadian Nurses Association in Halifax, and that the chairman and secretary should be appointed by the Committee alternately from the representatives of each organization.

In most of the provinces quite definite progress is being made, and it would appear that there is every reason to continue with the work.

All of which is respectfully submitted.

F. Mabel McEwen,
Convener, National Committee
Enrolment for Emergency Service,
Canadian Nurses Association.

FINANCIAL ASPECTS OF THE NIGHTINGALE FOUNDATION

At the third ordinary meeting of the Grand Council of the Florence Nightingale Foundation, held in London, July 6 to 9, 1937, the treasurer, Sir Arthur Stanley, gave a very comprehensive report of the financial obligations of the Florence Nightingale International Foundation. The treasurer stressed the fact that the continuance of the work of the Foundation depended upon the building up of the Endowment Fund. The expenditures have exceeded the income, and this situation has had to be met by emergency methods. One of the methods adopted has had a very direct effect on the students enrolled. Up until 1936, the student sent on scholarship had an allowance for current expenses of £3. for 11 months, or a total of £33., returned to her from the scholarship paid into the Florence Nightingale International Foundation. This allowance was discontinued, thereby increasing the cost to the individual student by £33.

The treasurer reported that an endowment fund of at least £50,000. was needed to meet the deficit between the income and expenditure. This amount is based on the present income from students and would not allow the fees for students to be reduced In the report of the Study made by the Special Committee, of which Miss E. K. Russell, Director of the School of Nursing, University of Toronto, was a member, several recommendations were made, which were related to the financial administration of the Foundation. Quoting from this Report, the following recommendations are selected:

1. That as soon as possible, the cost to each student be reduced so that a larger number of students will be attracted.

2. That every effort should be made to encourage the registration of students who will be paying their own expenses.

3. That the Foundation shall continue to urge the member countries to encourage students by the giving of scholarships.

4. That the decision concerning the amount of any scholarship would be entirely the affair of the person or persons giving the scholarship.

5. That full information be made available concerning the total cost to the student in connection with the work, and that this information be given widely for the benefit of those who are considering a scholarship, and also for those students who expect to pay their own expenses.

In studying these recommendations, it is very easily seen that the Special Committee felt the cost to the student should be reduced. If this is done, the endowment must be added to in order to meet this increased deficit.

The Treasurer suggested that each member country of the Foundation be asked to raise, over a period of six years, 1937-1943, a proportion of the endowment fund on an agreed basis. The basis suggested by the Treasurer was one of population of the countries concerned. Countries becoming members at a later time could contribute on the same basis, and in this way, the necessary additional endowment could be realized, since the proposed amount of £50,000. is not sufficient for a permanent endowment. The cost of the educational activities of the courses will increase as the course is revised and optional courses are added. This change in the programme of courses offered was definitely recommended by the Special Committee. Several countries objected to this method, since the population of the country did not in any way represent the strength of the nursing profession in that country. The immediate procedure was finally decided by the adoption of the following resolution: "That the quota method of assessing contributions from member countries be adopted in principle. That the Committee of Management be authorized to make proposals on an approved basis to National Florence Nightingale Memorial Committees."

The Endowment Fund, as reported in July 1937, was £6701; in March, 1938, £9591. The amount added during the past year is approximately £2889.

It is to be noted that the expenditures of the Foundation continue to exceed the income. In the reports for the past three years,

the deficit was as follows: 1936—£813; 1937—£151; 1938—£412. The smaller deficit in 1937 was partially due to the discontinuance of the allowance of £33. to the students enrolled. This deficit each year has to be met, and each year, a special effort has been made by the National Florence Nightingale Memorial Committee of Great Britain to meet this additional demand. In this way, this contribution which might have been added to the Endowment Fund has to be used to meet the annual deficit.

A short review of the past three years will present the financial obligation of the Foundation:

Income	1936	1937	1938
Scholarship fees	£3133.	£4450.	£4908.
Receipts from visitors	250.	319.	177.
Interest on investments and deposit account	68.	142.	245.
Refund of fees from Ministry of Health	10.	5.	.....
Donations on account of income	.....	652.	330.
Sundry receipts	.....	.....	4.
Total	£3461.	£5568.	£5664.

It will be seen that the increase in income each year is largely due to the increase in the scholarship fees received.

Expenditures	1936	1937	1938
Educational expenditure	£1408.	£1568.	£1520.
Household expenses and overhead charges	2123.	3142.	3232.
Office expenses	537.	699.	1014.
Depreciation	207.	310.	307.
Total	£4276.	£5726.	£6074.

The deficit stated above is definitely shown in the comparison of this statement to the total deficit for the three years amounting to £1378.

The outstanding need of the Florence Nightingale International Foundation at the present time, is increased income. This can be secured in two ways: firstly, by an increased enrollment of students and secondly, by an increased endowment fund. The first remedy is conditioned by the housing capacity of the Headquarters at 15 Manchester Square. No appreciable increase in students can occur until increased housing is provided, or a different housing policy adopted for the enrolled students. The second remedy needs no discussion. It is simply a question of raising the required fund through the efforts of the National Florence Nightingale Memorial Committees in the different countries. When the decreasing rate of interest on invested funds is taken into consideration, the task of completing an adequate endowment fund becomes an increasingly difficult one. It is only through the continued interest and support of all the member countries, that this can be accomplished.

Jean I. Gunn.

REPORT OF SCHOLARSHIP AWARD COMMITTEE

The Florence Nightingale International Scholarship Committee, as appointed in 1936, was composed of the following members: Miss Mabel Gray, Miss Grace M. Fairley, Miss Kathleen Russell, Miss Ruby Simpson, and Miss Marion Lindeburgh, convener,—the duties of the Committee to be the consideration of applications for, and the awarding of, the scholarship. The convener was given power to devise any plan of procedure which would assist the Committee in its work.

Upon assuming office, the convener made an analysis of the forms used in evaluating the applications. These were sent, with added suggestions, to the members of the Committee for criticism. Two extra forms were composed by means of which a more complete picture of the applicant might be secured. These additional forms were approved by Miss Fairley, chairman of the Florence Nightingale Memorial Committee of the Canadian Nurses Association. The Committee decided that the important items for consideration were age, health, general education, culture and poise, professional preparation in a good school of nursing, length of time since graduation, nature and quality of professional service, participation in nursing affairs, and experience in public speaking; in a word, the candidate should be a person who would be a good student and who would represent Canadian nurses adequately—further, that she should be chosen from the point of view of being able to make a worthwhile contribution upon her return to Canada.

In the beginning the question was raised as to the method of selection. It was felt that perhaps it would be more constructive procedure for the Canadian Nurses Association to find and prepare a specially chosen person to undertake the International Course, but in view of the fact that the money for the Scholarship was being raised through provincial contributions, the present method of receiving applications was considered more democratic and acceptable.

Members agreed to handle the applications on a closely co-operative basis, each member conveying to the others, (through correspondence,) her knowledge of any applicants known to her; also members should seek additional information from reliable sources, if necessary. It was decided further that after careful study and investigation each member should make tentatively a first, second and third choice: through such procedure a final decision would then be made. Twenty-six applications were received in 1937. After extensive correspondence, the award was made to Miss Maisie K. Miller, Moncton, N. B.

In June 1937, a meeting of the Award Committee was held in Montreal. Members present were Miss Fairley, Miss Simpson, Miss Jean Wilson by special request, and the convener. Regret was expressed that Miss Gray and Miss Russell could not be present. Several adjustments were made. It was agreed that for the fifth and final year (as pledged) of the Scholarship award, the Award Committee should be responsible for application forms, the preliminary announcement in *The Canadian Nurse*, and the selection of the candidate. Out of the twenty-six applications received in 1937, not more than one-quarter were really eligible. In the light of this fact, the Committee discussed and approved the following points:—

1. Applicants must have full matriculation standing which is recognized as entrance to Canadian Universities.
2. Candidates must be graduates of approved schools of nursing with at least two years experience since graduation. Preference should be given to applicants from the better schools where undergraduate experience is broader; if, however, from a smaller school, it should be one with fully qualified teaching staff, and the applicant should have had additional nursing experience to broaden her viewpoint and supplement her nursing experience.
3. Applicants must be active members of their provincial associations and should have made a definite voluntary contribution to nursing work.
4. Certain additional items were inserted in the application forms, including a request for a transcript of high school

standing, and an X-ray report of chest examination.

It was also agreed to include in the preliminary announcement in *The Canadian Nurse* more specific information regarding the qualifications of applicants for the scholarship, and that an article written by the convener of the Florence Nightingale Memorial Committee, (C.N.A.,) should also appear, emphasizing the responsibilities of an international student representing Canadian nurses in London.

Upon the basis of adjustments made in 1937, the Committee was in a much better position to consider the eight applications submitted this year. The award was finally made to Miss Bianca M. Beyer, of Toronto. She has selected the course in Administration and Teaching which appears in the new announcement of the College of Nursing.

As convener during the past two years, I should like to take this opportunity of expressing my thanks and gratitude to the members of the Committee for, their unfailing co-operation and help. Their impersonal and unbiased opinions and objective treatment of the many problems which arose, greatly facilitated the work of the Committee.

Marion Lindeburgh
Convener

REPORT OF THE NIGHTINGALE MEMORIAL COMMITTEE OF THE C.N.A.

During the past two years the work of this committee has been carried out entirely by correspondence. Letters were sent to the provincial conveners in the Fall and Spring of 1936-37-38 and any points of interest were forwarded for publication to the editor of *The Canadian Nurse*.

The results of these letters of appeal have been most gratifying as is seen by the following table:

	1936-37	1937-38
Alberta	$253.63	$236.50
British Columbia	502.59	445.20
Manitoba	347.15	322.45
New Brunswick	190.20	190.15
Nova Scotia	126.50	137.40
Ontario	830.61	697.88
Prince Edward Island	50.15	50.00
Quebec	212.75	374.20
Saskatchewan	401.82	310.00

From this amount two scholarships have been awarded amounting to $2500.00, and a sum of $2500.00 has been forwarded to the Florence Nightingale International Foundation towards the endowment fund. After the payment of this year's scholarship and donation to the endowment fund there will be a balance of $996.00.

Early in 1937 a letter was received by the Canadian Florence Nightingale Memorial Committee from the British Red Cross announcing an International Bazaar to be held in London at the time of the meetings of the Foundation. Copies of this letter were forwarded to the provincial conveners requesting support for the scheme, and as a result the contributions of the Canadian arts, crafts and manufactured goods sent in by the Canadian Nurses Association were most generous. As will be noted elsewhere, the Canadian Red Cross also contributed generously and acted as the receiving office for all Canadian contributions. It was with interest that we were notified by the Canadian Red Cross that certain Indian articles had been presented to the British Museum, and the official acknowledgement is now at C.N.A. headquarters. The articles referred to included a totem pole, carved in shale, from Queen Charlotte Islands; a split cedar

root basket, currency shell beads, stone arrowheads, and beaded skin bag. All of these had been included in the Canadian Nurses Association donation, and the Canadian Red Cross to whom the acknowledgement was sent very thoughtfully sent it to the Canadian Nurses Association Committee.

We have now completed our five-year pledge and must decide what further support we will give the Foundation. As has been stated in the Canadian Committee report, the International Foundation entered into an agreement with Bedford College in 1937 for a further five-year period which leaves four years from now yet to be financed.

The organization and arrangement for the past five years has been most satisfactory, and, as convener, I wish to express my real appreciation of the cordial and ready support from the provinces through their conveners, in fact it is they who have done the work.

Grace M. Fairley,
Convener.

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

In the spring of 1937, the exchanges between three South African nurses and three Canadian nurses for the period of one year were completed. Miss Hiscock and Miss Wareham (Montreal General Hospital) remained in South Africa and now have positions as Sisters in the Groote Schuur Hospital, Capetown. Miss Reid (University of Alberta Hospital, Edmonton) was offered and accepted a position in a large hospital in Johannesburg.

Miss Grace Fairley, superintendent of nurses, Vancouver General Hospital, took a South Africa nurse for one year. This was not an exchange, as no nurse on the Vancouver General staff went to South Africa. Miss Fairley reported that Miss Joubert showed excellent co-operation and adaptability.

At the end of December 1937, the following cable was received from Mrs. H. C. Horwood, organizing secretary of the South African Trained Nurses' Association: "Offer engagement new hospital Capetown to recommended staff nurses from hospitals already approved by South African Medical Council. Cable number available. Vacancies twenty. Salary £100. to £120. with uniform." The Committee at once set to work to get the twenty nurses. The editor of *The Canadian Nurse* was able and willing at the last moment before going to press with the January number of the *Journal*, to insert a whole page advertising these opportunities, so that the information was available to all readers of *The Canadian Nurse* early in January.

The following is a list of the nurses who were recommended by the Committee and who have gone to the Groote Schuur Hospital in Capetown:

Miss Ruth A. Webb, Hospital for Sick Children, Toronto.

Miss Winnifred Perrin, Hospital for Sick Children, Toronto.

Miss Ruth Moore, Toronto General Hospital.

Miss Pauline Brown, Toronto General Hospital.

Miss Ruth Ramsay, Royal Alexandra Hospital, Edmonton.

Miss Mary Slaney, Royal Alexandra Hospital, Edmonton.

Miss Marion Sissons, Royal Alexandra Hospital, Edmonton.

Miss H. Jean Lynds, Calgary General Hospital.

Miss Grace Grant, University Hospital, Edmonton.

Miss Lillian MacKenzie, Toronto General Hospital.

Miss Jean M. Nichol, Toronto General Hospital.

Miss Eugenie Stuart, Toronto General Hospital.

Miss Florence Sparling, School of Nursing, University of Toronto.

Miss Mary Thom, School of Nursing, University of Toronto.

Miss Helen Cookson, Royal Victoria Hospital, Montreal.

Miss Margaret Green, Provincial Royal Jubilee Hospital, Victoria.

Miss Jean McLeod, Royal Alexandra Hospital, Edmonton.

Miss Jean Blackbourne, University of Alberta Hospital, Edmonton.

Miss Hazel M. Hay, Royal Victoria Hospital, Montreal.

Miss Isabel Secord, University of Alberta Hospital, Edmonton.

The following is an excerpt from a letter received from Mrs. H. C. Horwood, Organizing Secretary of the South African Trained Nurses' Association, commenting on the Canadian response to the appeal for twenty staff nurses for the Groote Schuur:

"The 'twentieth nurse' will complete our vacancies and I trust you will accept our most grateful thanks for the generous assistance you have given us. This must have entailed a great deal of work on the part of your Committee, but, if I may say so, it is not only a contribution toward nursing service and nursing education, but also a big contribution towards strengthening the bonds of the Empire."

A new type of exchange was worked out in Canada for the school year 1937-38. Miss Elizabeth Kenwell, a school nurse on the staff of the Edmonton Public School Board was exchanged with Miss Adelina Fowler on the staff of the London Public School Board. Interim reports from the Superintendent of Schools of Edmonton and the Chief School Medical Officer of London, Ontario, state that the exchange has seemed satisfactory in every respect.

The Committee co-operated with the College of Nursing, London, England, in arranging four months' experience for Miss P. Irene Robson, Sister Tutor on the staff of St. Mary's Hospital, Highgate Hill, London. Most of her time in Canada was spent in the Montreal General Hospital, the Royal Victoria Hospital, Montreal, the Vancouver General Hospital, and the Toronto General Hospital. Perhaps Miss Robson's letter, written after her return to work in her own hospital will give an idea of her opinion of the benefits derived from her observation course in Canada:

"You will think me most neglectful in not acknowledging until now your very kind deed of sending me the lists of observations and visits which I made in Canada. I offer my most grateful thanks to you and the Exchange Committee for making such visits possible. The welcome I was given by the superintendents and staffs of hospitals was most warm, and I felt on leaving that I had known everybody such a long time. It was a very great pleasure to me, to visit Canada and Canadian hospitals, and to meet the members of the various staffs. The knowledge I gained in methods of teaching, training school administration, and general nursing practice will prove invaluable. After having such a full time for six months, I still feel I ought to be consulting a time table, as to what to do next."

The only Canadian nurses for whom a course has been arranged during the biennial period are Miss Edith G. Young and Miss Lois Stewart of Nicholls Hospital, Peterborough. The following itineraries were arranged for them by Miss Hester Parsons, Director in the Education Department of the College of Nursing, to cover a period of four months. For Miss Young: April 7 to May 4—Royal Infirmary, Liverpool; May 4 to June 1—St. Thomas's Hospital, London; June 1 to July 1—University College Hospital, London; July 1 to July 15—Royal Infirmary, Edinburgh; July 15 to July 31—Royal Infirmary, Glasgow.

For Miss Stewart: April 7 to May 4—Royal Infirmary, Manchester; May 4 to June 1—St. Thomas's Hospital, London; June - to July 1—St. Bartholomew's Hospital, London; July 1 to July 15—Royal Infirmary, Edinburgh; July 15 to July 31—Royal Infirmary, Glasgow.

Miss Young wrote immediately after her arrival as follows: "Just a note to tell you

that we arrived safely in Liverpool today and were received most hospitably by the Matron, Miss Jones. History and tradition have already become a part of me and I am looking forward with great pleasure to my month here."

Most of the members of the present Committee have carried on for eight years. The first year was spent in trying to establish a basis of co-operation with other English-speaking countries. Then followed an arrangement with the College of Nursing for reciprocal periods of observation. The next step was to establish exchanges on salary with South Africa. This year we have arranged an exchange between school nurses in two Canadian cities, and the most recent development was the request for twenty Canadian nurses for staff positions in the Groote Schuur Hospital in Capetown.

No doubt this is only the beginning of many important international activities in nursing. Your Committee has proceeded cautiously during the experimental stage, but there is now a sufficient body of experience to warrant expansion of this valuable educational development.

Jean E. Browne
Convener.

SUMMARY OF PROVINCIAL REPORTS

Alberta Association of Registered Nurses

During the period 1936-38, the Alberta Association of Registered Nurses membership has increased from 882 to 1120. During the past year thirty-five members of the Association have taken post-graduate courses in various types of nursing.

In September 1937, a School of Nursing, which offers a Degree in Public Health Nursing was established at the University of Alberta, with Miss Agnes J. MacLeod, M.A., Reg. N., as its director. This year nine students received the degree in public health nursing.

Through a study made by a Committee, convened by Miss Phyllis Gilbert, a recommendation was made to the Council to organize sub-divisions of Registered Nurses. As a result a District in the Peace River area has been organized.

The 1938 annual meeting will take the form of a combined refresher course and convention to be held in Calgary the week prior to Thanksgiving.

The nursing service which the Association has provided to the isolated district of Alder Flats, and which has given employment to nurses interested in public health, since October 1933, has been taken over by the Department of Public Health.

The Department of Education has extended to the Association, the privilege of having representation on the Committee studying the new high school course of study.

A. E. Vango
Secretary

Registered Nurses Association of British Columbia

The activities of the Registered Nurses Association of British Columbia for the period 1936-38 have been quite varied and in some instances unusual. There has been a great deal of social legislation which has affected hospitals both in connection with hours of work and wages, and a committee of the Department of Labour, known as the Industrial Relations Committee, is making a survey of all hospitals in the province with special relation to working conditions of graduate nurses and students. This Committee "sat in" with groups of instructors, staff nurses, and students and conferred

with the Council of the Registered Nurses Association and the British Columbia Hospitals Association. Their report has not yet been made public, but it is expected that definite changes will take place as a result. We believe that their recommendations are for an eight-hour day and a forty-eight-hour week and that in the case of student nurses all classes will be held within the eight hours. Naturally we are waiting with interest the outcome of this Committee's report.

There are seventy-two hospitals staffed with graduate nurses, and the Council has realized the need for contact with registered nurses, especially in the smaller centres. During the past two years, the registrar and president have visited as many centres as possible in an effort to have conferences with the members of the Association. This year a sum of money has been set aside for the purpose of organizing lectures, demonstrations and conferences according to local requests in the various districts.

One scholarship was given during 1936-37, and the successful member took the teaching course at the University of British Columbia.

The Provincial Mental Hospital has recently built an addition to its Nurses' Home so that in October of this year the affiliation course arranged by the Council for under-graduates from the various Training Schools will commence. For the present, the course will be of two months duration, and there will be from fifteen to eighteen in the first classes.

Grace M. Fairley
President

Manitoba Association of Registered Nurses

Approximately 3800 nurses have registered in the Province since 1914. Of this number 1977 were active paid up members as at December 31, 1937.

The Summer School Committee, in co-operation with the University of Manitoba, have organized a six weeks summer course for graduate nurses to be held jointly with the Summer School for Teachers.

A survey of the schools of nursing will be concluded early in the fall. There has been a ready willingness to co-operate on the part of each school.

The Executive of the Manitoba Association of Registered Nurses was approached by the Minister of Education for recommendations regarding a pre-nursing matriculation course for girls in grades nine, ten and eleven. A committee has been appointed to consider this question and at present is studying the possibilities of a pre-nursing year following completion of high school.

Gertrude M. Hall
Executive Secretary

New Brunswick Association of Registered Nurses

On January 1, 1938, there were 1060 members on record, 661 of whom were in good standing.

The Legislation Committee of the Association has prepared a new Registration Act which will effectively raise the standards of school of nursing, if it becomes law. The Committee is preparing to present the new Bill before the Provincial Legislature in the near future. A special committee has been formed to investigate the possibility of a scholarship award by the Provincial Association. School visiting, instituted in 1936, has been regularly carried on by the Registrar.

Maude E. Retallick
Secretary-treasurer-registrar.

Registered Nurses Association of Nova Scotia

At the present time paid-up membership is 747, an increase of 49 over last year. The membership has shown an increase for the past several years, due in part to stricter rules governing the registration of nurses holding institutional positions in the Province, in part to increased employment and, this year, to interest in the Biennial Meeting of the C.N.A.

Committees: All committees have been active, the most interesting being the Survey of Schools of Nursing Committee, which met several times to draw up a suitable questionnaire to be used by the registrar in making the survey. Following this the registrar was sent to Montreal to confer with the official school visitor for the Province of Quebec, and visits were then made to fifteen schools of nursing and one affiliated school in the Province, and the reports submitted to the committee. While there have been no spectacular developments during the two year period, interest is being shown increasingly in the Association and attendance at meetings has been good.

Muriel J. Graham
Secretary-treasurer

Registered Nurses Association of Ontario

Membership: The membership on May 14, 1938, was 3,787, and as compared to that on the same date in 1936 shows an increase of 52.1%. In checking with the January mailing list of *The Canadian Nurse*, it was found that 28.3% of the members subscribed for the *Journal*.

Legislation Committee: In 1935, the Minister of Health appointed a special committee with representatives from the Department of Health, the Department af Education and the Registered Nurses Association of Ontario to discuss the rules and regulations relating to the Registration of Nurses Act which were revised in 1936. This committee has continued to act, and the opportunity of discussing these regulations in an informal way, proved most helpful to the Legislation Committee. Therefore, from the general meeting in 1938, a request was forwarded to the Department of Health that a committee with representatives from the Department of Health, the Department of Education, and the Registered Nurses Association of Ontario be appointed to serve in an advisory capacity in matters of nursing education and nursing service.

Publicity Committee: This year the committee in conjunction with a local representative, had charge of the publicity for the annual meeting, and abstracts of papers and reports were prepared ready for publication. It was felt that this would assist in better publicity for the meeting, and a more accurate account of the proceedings appearing in the press. The Committee also prepared and circulated, throughout the Province, information regarding loans from the Permanent Education Fund.

Committtee on Relationships between the Registered Nurses Association of Ontario and the Schools of Nursing of the Universities of Ontario: This committee was formed to provide a means by which the University Schools can keep the professional group informed concerning their activities; and by which they can be advised of professional opinion and requirements, and receive professional allegiance and support. The unanimous opinion of the general meeting was that this report should be circulated among people who were primarily interested in this question, including many educational and health authorities.

Other Committees: The committee to study the question "that all who nurse the sick for hire should be licensed" is continuing to study this important question, but have no definite recommendations to make at present. The Committee on Archives is actively engaged in collecting material and information relating to the organized Nurses Associations in Ontario. This year a special committee was appointed to study the question of sections within the Association.

Registration: Registration in the Province of Ontario and the Registered Nurses Association of Ontario are entirely separate. We gratefully acknowledge the co-operation of the Director of Nurse Registration in preparing the following information for our report:

"Under the revised rules and regulations relating to the registration of nurses, any nurse who has been graduated by an approved school for nurses outside of Canada may be entitled to sit for examination to qualify for registration in the Province of Ontario, provided that such nurse has been

registered under regulations satisfactory to the Department of Health, and that the country, province or state in which such nurse has been registered extends a similar privilege to registered nurses of the Province of Ontario. At the present time consideration is being given to a plan which will provide a satisfactory basis for reciprocal registration for nurses holding registration under the General Nursing Council for England and Wales and for nurses registered in Newfoundland. An Act to amend the Nurses Registration Act was passed at the last session of Parliament, which prohibits the establishment of training schools for nurses without the consent of the Minister of Health."

Constance E. Brewster,
President.
Matilda E. Fitzgerald,
Secretary-treasurer.

Prince Edward Island Registered Nurses' Association

Membership: The members of the Prince Edward Island Registered Nurses Association now number 112, a marked increase since 1936 when the number was 67. About 38 per cent of the members are inactive. The majority of the nurses are engaged in private duty nursing.

Annual Meeting: At the Annual Meeting in 1937 approximately forty members, or two-thirds of the active members, attended. At the approaching annual meeting the most important subject for discussion will be the programme for the Refresher Course which will be held as soon as possible following the Biennial Meeting of the Canadian Nurses Association.

Sister M. Stanislaus,
President.

Association of Registered Nurses of the Province of Quebec

Membership: During the past two-year period membership has been as follows: in 1936 there were 3531 members in good standing; in 1937 there were 3700.

Annual Meetings: Separate English and French, as well as bi-lingual sessions, are arranged so that problems and interests specific to either group may be dealt with to best advantage. The attendance at the last annual meeting was the largest on record.

National Enrolment: Four thousand copies of the pamphlet outlining the plan for National Enrolment have been issued to our members since the scheme was organized in 1930. We include this, and an application form, with each registration certificate issued. The number now enrolled is 450.

Scholarships: Two scholarships of $250. each were awarded to members by our Association during 1936 and 1937, the amount this year being raised to $300. each. Since the foundation of our Association in 1920, thirty such scholarships have assisted members with their various courses at our two Montreal universities, the number of applications received being ten times the number of scholarships available.

Refresher Courses: Refresher courses for nurses have been very much the order of the day during the past two years, the season 1937-38 being particularly interesting.

Public Relations: At the request of the Public Relations Committee of the Provincial Association of Protestant Teachers of Quebec, the two Associations entered into a mutual agreement to co-operate more closely on matters of education. Since that time articles have been written by our members and published in the Teachers' Magazine (the official organ of the Association) and members of the Teachers' Association have addressed our meetings.

Approved Schools: There are 37 approved schools of nursing in the Province over which our Board presides as the Council on Education.

Curriculum Study: Following the publication of the Proposed Curriculum for Schools of Nursing in Canada, the Board of Management of our Association recommended that all schools in our province should give it serious study. Study groups have been organized and in many instances made recommendations which have resulted in a definite attempt to effect: a better

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Session 1938-39

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For information apply to:

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(a) Obstetrical Nursing: 3 months

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Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

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Miss C. V. Barrett, R.N.
Supervisor,

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Montreal, Canada

selection of students; a shorter day and longer vacation periods; a reduction in the number of classes given outside the day-time duty schedule; improvement in health programme and method of recording same; improvement in the standards of qualification of teaching and supervisory staff; improvement in teaching methods.

....*Registration Examinations*: Six sessions of the examinations are held during the year; one in the Spring and Fall by our Association for all English candidates and those of the French group who care to enter, also one session is held at each of the two French universities, Spring and Fall, for French-speaking candidates. A new ruling which went into effect with the last session of our examinations permits candidates to write a supplementary examination on any subject once only; failure a second time necessitates re-writing all subjects of the examination.

Special Committees: The committee organized in 1934 for the purpose of studying ways and means of establishing a Nursing Service Bureau ceased to be a Committee within the Association at the end of 1937, following presentation of the report of the Bureau's first experimental year. This Committee has accepted the responsibility of sponsoring the project through this its second year, having entered into a legal agreement giving the necessary power to act. A committee on legislation under the chairmanship of Miss Eileen C. Flanagan, has been formed to study the possibility of amending our present Act.

All our regular committees, directly associated with similar committees of the Canadian Nurses Association, have met regularly and carried out their respective duties.

E. Frances Upton,
Executive Secretary and Registrar.

Saskatchewan Registered Nurses Association

In discussing the activities of this Association, we acknowledge with sincere appreciation, the help received, in the form of information and advice, from the President

and Executive Secretary of the Canadian Nurses Association and officers in other provinces. An interchange of experiences and ideas so readily effected has made possible some of the progress we are about to report. Saskatchewan has been fortunate in having our National President of the past four years an active and interested member of the Saskatchewan Registered Nurses Association.

Thanks to the interest and support of the editor of *The Canadian Nurse*, highlights in the various programmes have been reported from time to time in the *Journal*.

Careful studies of the revised plan for Dominion Registration and of the Proposed Curriculum for Schools of Nursing in Canada have not been overlooked.

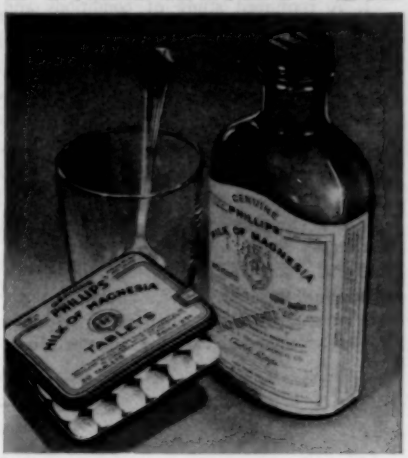
In 1937, affiliation fees were paid for an active membership of 1062, the largest on record in the history of the Association.

A Registrar is on full-time duty. She is also Adviser for Schools of Nursing in this Province. Since March, 1937, ten schools of nursing in the Province have been visited twice, and a tabulated report prepared as a result of observations and finding. Through a questionnaire, contact has been made, during the past year, with 77 hospitals in the Province. The fine spirit of co-operation that prompted the replies has resulted in a better understanding of the nursing situation in Saskatchewan. There is evidence that less unemployment exists.

Among the most recent and very important developments in which this Association is vitally concerned may be cited the announcement of a new course by the University of Saskatchewan, leading to a degree of Bachelor of Science in Nursing, and the selection of Moose Jaw as a centre in which the proposed experiment of the Community Nursing Service Bureau is to be tested. While many of the details in connection with both these projects have yet to be worked out, they are felt to be indicative of progress that effects not only nurses in Saskatchewan, but those throughout the Dominion.

In spite of depression, drought and new ventures, this Association closed the year with a financial balance of approximately the same amount as on the corresponding

TODAY'S PREFERENCE



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date in 1937. It is with reservations but with optimism that we launch forth on new responsibilities for 1938. These include:

1. A continued study of conditions and the support of policies furthering nursing interests, activities, professional opportunities and service to the community, with special emphasis on the needs in this Province; co-operation with local organizations and with lay organizations interested in these objectives; the extension of legitimate propaganda.

2. The forging of closer links with the University with a view to raising professional standards; promoting the development of the individual; stimulating study and experimentation in the nursing field. We are happy to report that the singularly congenial and sympathetic relationships enjoyed by nurses in Saskatchewan in the past are being continued under the direction of the new President of the University.

3. The maintenance and protection of professional standards, including the completion of the revision of regulations for admission to this Association and the Minimum Standard Curriculum for Schools of Nursing in this Province.

4. Consideration of some form of affiliation with mental hospitals.

In these and other undertakings we ask the good wishes and continued co-operation of our sister provinces and look forward to reporting them in 1940.

Ann Morton,
President.

ANOTHER UNIVERSITY SCHOOL!

Kathleen W. Ellis

Just as we go to press comes the thrilling news that the University of Saskatchewan has authorized the formation of a School of Nursing as a unit of the School of Medical Sciences. Miss Ann Morton, who is the president of the Saskatchewan Registered Nurses Association has authorized the *Journal* to make the following official announcement:

In conjunction with the nursing schools of certain approved hospitals the University of Saskatchewan is offering a course in nursing leading to the degree of Bachelor of Science in Nursing. For this purpose the Senate of the University has authorized the formation of the School of Nursing as a unit of the School of Medical Sciences. Under present arrangements, Miss K. W. Ellis, B.Sc., Registrar of the Saskatchewan Registered Nurses Association, has been appointed as a Lecturer on the University Staff and will be in charge of the Department of Nursing.

By a further arrangement recently concluded between the University and the Coun-

cil of the Saskatchewan Registered Nurses Association the office of the Association will be transferred to the University of Saskatchewan, Saskatoon, in September of this year.

In announcing the change, the officers of the Saskatchewan Registered Nurses Association wish to emphasize the fact that the interests of individual members, the community and of schools throughout the province will always be a matter of first concern. It is earnestly hoped that the increased contacts with the Association office will continue and that the forging of another link with the University may prove to be a progressive step from which the profession as a whole will benefit.

The Saskatchewan Registered Nurses Association may justly be proud of having thus attained an educational objective which opens the way to further progress. The Association is to be congratulated upon the fact that its Registrar and School Adviser, Miss Kathleen W. Ellis brings to her dual responsibilities such a wealth of professional experience, as well as a sound academic preparation. The combination of the two offices is unique in Canada and suggest possibilities of a most interesting and far-reaching character. Further details about the new project will be eagerly awaited.

BEHIND THE SCENES

The glorious week of the C.N.A. Biennial Meeting at Halifax has faded into memories! But such happy, lasting memories! Nurses came from the east and the west, from the shores of the great Pacific and the wheat fields of the Prairie Provinces, from Ontario and from the metropolis of Upper Canada and the banks of the Saint Lawrence, along with those from all parts of our own Maritimes. There were old nurses and young nurses; tall nurses and short nurses; (pleasingly) plump nurses and (painfully) thin nurses—they were all there and followed no straight line but went helter-skelter, this way and that, wherever fancy called them, for there was much to see and much to enjoy during those memorable seven days.

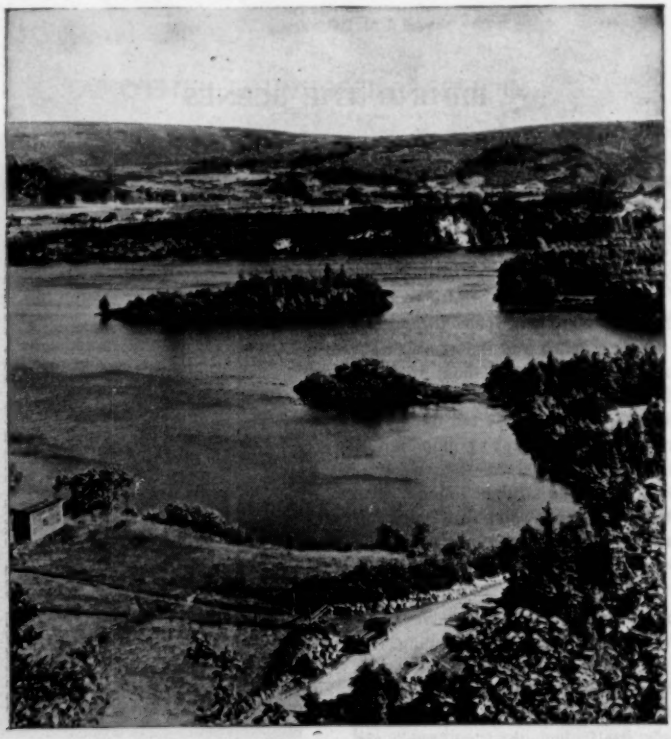
Of course the meetings themselves were wonderful, and as for the outstanding feature the "externals" of the convention such as the many exhibits, the one which pleased me most was *The Canadian Nurse* booth. The booth itself had the "uniform" air, typical of every issue, its cover of double

The Bridge of the "Lady Laurier"
Courtesy of the Canada Starch Company

blue, presented such a cheerful, friendly atmosphere that each newcomer said to herself, "Why, here is an old friend we all know"—For is not the *Journal* a friend indeed that keeps the nurses of all Canada bound together with ties of love, loyalty and interest?

Did I say *all?*—well, according to a very striking poster, only 21 out of every 100 nurses are subscribers to the *Journal*—think of it! Then came the soul-searching, conscience-stirring query, written in the very boldest type—"Am I a 79er?" To torture the guilty ones still more, there was portrayed a lean, but plucky little nurse carrying an extremely portly one—the tiny individual representing the 21; the corpulent damsel, the "79er", Thank goodness, I was of the virtuous "21ers" or I should have fainted away with shame. The exhibit itself was a revelation. It might have been termed "A day in the office of *The Canadian Nurse*". It showed the work entailed from the moment an article for the *Journal*, presents itself at the editor's desk until its final appearance in the neat folds of the blue uniform of the *Journal*. The gyrations of type and print and stencil! Well, we understand them a little better now.

For the first time we realized that the advertising section presents its own problems, though it is here that the budget is balanced, for in the words of the editor herself: "It takes a great deal of time to deal tactfully and diplomatically with the advertiser, but we love him just the same—in fact, we cannot live without him." However, *the* attraction was the "Puppet Show" and



The Cabot Trail
Courtesy of the Canadian National Railways

it was worthwhile. It had been set up in a conspicuous corner near the booth and, at certain times, the curtain of the miniature stage would roll back and a perfect one-act play would be presented. Two "nurses", manipulated by unseen hands, come forward on the stage, one in street attire, the other in uniform. After nodding recognition, they enter into conversation (supplied by special gramaphone record) which tells the spectator that Mary is on her way to the movies—the fourth this week—but bemoans the factthat her time could be better employed in writing a paper which she has promised to read at an Alumnae Meeting. Since she does not know where to turn for reference material she is shirking her duty. Jane, the uniformed nurse, listens to her tale of woe and, since she herself is one of the "21ers", seizes the opportunity and promptly asks, "Why don't you read *The Canadian Nurse?* You'll surely find something helpful in that." It's a new idea to Mary—she has never looked on the *Journal* in that way before—in fact she is not even a subscriber! Jane's motto is, "No time like the present". She convinces Mary in a jiffy and has her sign on the dotted line. Another "reformed 79-er". The curtain falls—and we too carried away the lesson.

This ingenious puppet show was planned, built and *paid for*, by District 5, Registered Nurses Association of Ontario. The puppets themselves were made and dressed by Miss Cory M. Taylor who also was responsible for the beautiful detail of the stage proscenium, back-drop and curtain. The "show" now belongs to the Registered Nurses Association of Ontario and is booked for a "tour" of the principal cities in Ontario in the autumn.

Just the other evening I heard some amusing stories told by the group of Halifax nurses who, under the capable direction of Miss M. Kathleen McDonell, looked after the booth and staged the frequent performances of "Jane and Mary". It seems there were some tense moments before the phonograph and the puppet could be got to "synchronize". In fact there *is* a rumour that most of Sunday afternoon was spent in this struggle. However, some mechanical genius finally discovered how to turn the right screws and a professionally smooth performance was the result.

The North-west Arm

The booth itself was used as a general information bureau and the "crew" found themselves giving out all sorts of information in the intervals of listening to illuminating remarks about the exhibit. Here are . few samples:

"What a queer exhibit. Nothing but a few pasted-up Journals and some dirty old papers".

"Well, I never knew how they put a magazine together before".

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OVERSEAS NURSING SISTERS ASSOCIATION

On Wednesday, July 6, the National Overseas Nursing Sisters Association held their biennial meeting and luncheon at the Nova Scotian Hotel, in Halifax. Seventy-one members were present and six Units were represented by the following members: Miss Ethel Morrison, Victoria; Miss Maud Wilkinson, Toronto; Miss Blanche Anderson, Ottawa; Miss C. M. Watling, Montreal; N/S Louise Macdonald, Kingston; Miss M. Macdonald, Halifax. A cable was read from Miss Macdonald, Matron-in-Chief, in London, England. Members were welcomed by Miss S. C. MacIsaac, president of the Nova Scotia Nursing Sisters Unit and her greeting was responded to by Miss Laura Hubley, R.R.C., President of the national Association.

Letters of greetings were received from Miss Rayside, Matron-in-Chief, Canada; Mrs. Stewart Ramsay, Past President, and from the Windsor Unit, Ontario. The Saint John, New Brunswick, Unit is considering affiliating with the O. N. S. A. of Canada.

At a tea, held at the Ashburn Golf and Country Club a most enjoyable time was spent in renewing old acquaintances. A beautiful wreath was placed on the Cenotaph by the members of the O. N. S. A. prior to the session described above.

SUGGESTION FOR SUNBURN

One of the most common ailments, even of the late summer season, is sunburn. Usually not serious, it is, however, extremely uncomfortable and often quite painful. To soothe the skin, reduce the inflammation and withdraw the fluid from the blisters and blebs of sunburn, an Antiphlogistine dressing applied cold, is markedly efficient. Put on before retiring and left until morning, it will frequently make the patient quite comfortable.

GOLDEN JUBILEE

The week of June 6 was a memorable one in the history of the School for Nurses of the Guelph General Hospital when its graduates gathered from far and near to celebrate the Golden Jubilee. The Alumnae Dinner, with the 1938 graduating class and the former superintendents of the School as guests of honour, was a most happy occasion. Two hundred Alumnae members, representing thirty-eight classes, shared in the joy of re-union. After a well-arranged programme of toasts, interspersed by musical numbers had been enjoyed the guest speaker, Miss Florence H. M. Emory of the School of Nursing of the University of Toronto was introduced. Miss Emory in her usual happy vein congratulated the Alumnae on the success of their re-union, and upon the evident progress of the School, and particularly stressed the feeling of good-will which prevailed.

Thursday was reserved for class re-unions and the classes were entertained in various ways. On Friday afternoon the graduation exercises were held and fifteen nurses received their diplomas. The graduating class was preceded in the procession by the undergraduates, the supervisors and heads of departments and the Alumnae members. Professor Geo. Gilmour, of McMaster University, in a rare combination of wit and wisdom gave the address to the graduating class. Among other distinguished visitors was Mrs. Alexander Bruce, who as Miss Louise Eastwood, fifty years ago founded the School for Nurses. As Mrs. Bruce took her place on the platform the large audience rose to greet her, as one of the most newly-capped nurses presented her with a basket of fifty yellow roses with the greetings of the Board of Directors, the staff and the student nurses.

Following the dignified and impressive ceremony a reception was held indoors. Owing to a downpour of rain, this was a substitute for the garden party planned to take place on the beautiful campus of the Ontario Agricultural College. However, the rain could not dampen the gaiety or spoil the genial atmosphere of the occasion.

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On the following day a tea in honour of the graduating class and their friends was given at the Nurses' Residence. To this were invited all Alumnae, the Women's Hospital Aid, and many interested citizens. The Hospital and class rooms were open to visitors and student nurses conducted the visitors through the various departments.

Appropriate to the traditions of their profession, the graduating class accompanied by the staff and student nurses in uniform and by the Alumnae members both from Guelph and other centres, attended divine service in Chalmers Church on Sunday evening. There was a large attendance of nurses and a stirring sermon was preached by the Rev. W. J. Gallagher. Beautiful music was sung and the Sacrament of the Lord's Supper was administered. Dr. Gallagher said that in the development of nursing three factors have left their influence: religion, war and science. Of these the speaker believed the influence of religion has been basic and most constant.

OBITUARY

BLACK—After a lengthy illness, the death occurred in Victoria, B. C., of Charlotte Black, a graduate of the School of Nursing of the Vancouver General Hospital and a member of the Class of 1915.

FISHER— On July 28, 1938, as the result of a motor accident, the death occurred of Viola M. Fisher, a graduate of the School of Nursing of the Saskatoon City Hospital and a member of the Class of 1933. Miss Fisher, who was known to her many friends as "Jean", was buried at Dundurn and, as a token of their affection for her, forty graduates of the School attended in uniform. Previous to her untimely death, Miss Fisher was on temporary duty at the Wilkie Union Hospital.

MUIR—The death occurred in New York City, on July 18, 1938, of Margaret L. Muir, Reg. N., daughter of Mr. and Mrs. W. H. Muir of Woodstock, Ontario. Miss Muir was a graduate (1935) of the School of Nursing of the Guelph General Hospital. She had been on the operating room staff of the Doctors' Hospital, New York City, for the past year.

PHILLIPS— The death occurred on July 30, 1938, after a long illness, of E. Helen Phillips, a graduate of the School of Nursing of St. Joseph's Hospital, Victoria, B. C., and a member of the Class of 1936.

WILLIS.— In the passing of Margaret Janet Willis the nurses of Nova Scotia have suffered a severe loss. Miss Willis was drowned while bathing off the Pictou shore on Sunday, July 24, 1938. She was a graduate of the School of Nursing of the Montreal General Hospital and was for several years a member of the staff. She resigned to accept a position in the United States, later returning to Canada, and for a time was superintendent of the Shriners Hospital for Crippled Children in Montreal. Then followed a public health course at the University of Toronto. Coming to Dartmouth, Nova Scotia, she served two years with the staff of the Victorian Order of Nurses and then returned to the University of Toronto where she took the course in teaching in schools of nursing. In 1937 she came back to Nova Scotia as instructor of nurses at the Aberdeen Hospital, New Glasgow. Miss Willis was one of the Nova Scotia delegates to the Biennial Meeting of the Canadian Nurses Association, representing the Antigonish-Guysboro branch of the Registered Nurses Association. She helped with the arrangements, and sang with the Student Choral group of the Aberdeen Hospital which gave such pleasure to the nurses who made the tour of Halifax Harbour on the *Lady Laurier*. To quote her own words: "I wanted to help support the younger voices".

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

Miss Dorothy Tate, formerly of the staff of the Saanich Health Centre, and Miss M. Dobbin, formerly school nurses in Trail, have been appointed to the staff of the Metropolitan Health Committee in Vancouver.

Married: On June 18, 1938, Miss Ellen Isabelle Dudgeon (Vancouver General Hospital, 1930) to Mr. William C. R. Hood.

Married: Recently, Miss Genevieve H. Norris (Royal Jubilee Hospital, Victoria) to Dr. F. R. Sparks.

Married: On August 1, 1938, Miss Sarah G. Acheson (Kingston General Hospital) to Mr. Harold R. Goldfinch.

Married: On July 7, 1938, Miss Dorothy May Flett (Vancouver General Hospital, 1935) to Mr. Laughlin A. Matheson.

Married: On June 30, 1938, Miss Helen G. Molyneux (St. Paul's Hospital, Saskatoon) to Mr. Francis G. Howard.

Married: On July 26, 1938, Miss Elizabeth D. Henry (Queen Victoria Hospital, Revelstoke) to Mr. Donald J. Campbell.

NOVA SCOTIA

HALIFAX:

The hospital and school of nursing of the Children's Hospital has sustained a heavy loss in the death of its beloved superintendent, Victoria I. Winslow. The affection and respect in which she was held found expression in the beautiful and dignified service held at All Saints Cathedral and conducted by the Rev. A. Stanley Walker assisted by the Hospital Chaplain, Mr. Ambrose. The note struck was that of victory and peace. The Board of Directors, the medical staff, the nursing staff and the domestic staff were all represented. A single rose, from her own garden, was placed between her folded hands by one of Miss Winslow's own student nurses in token of their gratitude and love.

HALIFAX:

Miss Katherine Jamer, instructress at the School of Nursing of the Victoria General Hospital, has resigned her position and has left for Fredericton, N.B. where she will attend summer school. In the Fall she plans to enroll at the University of New Brunswick.

Miss Marjorie Jenkins has been recently appointed superintendent of the Children's Hospital, Halifax. Miss Jenkins comes to us from Montreal, where for the past two and a half years she has been superintendent of nurses at the Children's Memorial Hospital.

Miss Muriel Davis is leaving for Montreal to take a post-graduate course.

Miss Elizabeth O. R. Brown, director of the Junior Red Cross in Nova Scotia, has left for a visit to Red Cross offices across the Dominion and in Chicago and Seattle. She will visit relatives in British Columbia en route.

ONTARIO

DISTRICTS 2 AND 3

GUELPH:

Recent appointments have been made as follows: Miss Evelyn Frosch (Guelph General Hospital, 1933), Miss Rose Shaw (Guelph General Hospital, 1936), and Miss Kathleen Laird (Guelph General Hospital, 1938) all to the nursing staff of the Sanatorium at Weston; Miss Alice Dryden (Guelph General Hospital, 1938), Miss Lula Miller (Guelph General Hospital, 1938) and Miss Helen Cunningham (Guelph General Hospital, 1937), all to the nursing staff of the Freeport Sanatorium, Miss Isabelle Ray (Guelph General Hospital, 1937) to the operating room staff at Harper Hospital, Detroit.

DISTRICT 4

HAMILTON:

Miss Ethel Christopher (St. Joseph's Hospital) has been appointed supervisor of the Children's Convalescent Hospital, Farmington, Mich.

Married: Recently Miss Euphemia M. Al-

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lison (St. Joseph's Hospital) to Mr. Maxwell Guttin.

District 9

SUDBURY:

The annual meeting of District 9, Registered Nurses Association of Ontario will be held in Sudbury on September 24. Will the nurses in District 9 please keep this in mind and be with us.

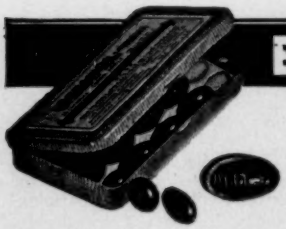
Several nurses from District 9 attended the Biennial Meeting of the Canadian Nurses Association in Halifax. They very much enjoyed the meetings and the social events. Among those attending were Florence Farr and Lewella Wing of Timmins, H. Elizabeth Smith and Elsie Franks of New Liskeard.

QUEBEC

SHERBROOKE:

Miss Verna K. Beane, superintendent of the Sherbrooke Hospital, entertained at the Nurses Home at an informal tea in honour of Miss Edith McDowell, former instructress of nurses. The guests included the hospital supervisors and Miss McDowell's former pupils.

Married: Recently, Miss Jean Murray to Mr. Gerald Burt.



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Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;***
(2) ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;***
(4) ***Chairman, Private Duty Section.***

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Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

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Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

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nard, M. Meggitt, M. McCorkindale, Mrs. K. Cowie; *Conveners*: *Nursing Education*, Miss P. Bluett; *Public Health*, Miss A. Fennell; *Private Duty*, Mrs. Elizabeth Sebire.

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District 9

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District 10

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

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BRITISH COLUMBIA

Nelson Registered Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

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Alumnae Associations

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A.A., Royal Jubilee Hospital, Victoria

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A.A., St. Joseph's Hospital, Victoria

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MANITOBA

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ONTARIO

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A.A., Ottawa General Hospital, Ottawa

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